

**Women 50+ Aging
with HIV**

Ryan White HIV/AIDS Program Clients

- 46.8% of clients aged 50 and older
- 71% male
- 70% POC

-US currently lacks capacity to meet health and social service needs of aging population.

- Shortage of geriatricians
 - Adult medicine trained physicians may have less experience with older adults, especially older adults with HIV

-Age-related differences in terms of needs and access (50s vs. 60s vs. 70s+)

HIV and Aging: Double Stigma

- Long-term survivors
 - Impact of longer time living with HIV (physical and mental)
- 1:6 new diagnoses of HIV were in people over 50y
 - Learning how to navigate the system as a newly dx'd person
- Stigma: A person is devalued for being different.
 - Devaluation
 - Dehumanization
 - Learned helplessness
- 7/10 older adults living with HIV undergo both HIV-related and age-related stigma.
- Lack of data on older adults living with HIV

Stigma

Age-related stigma/Ageism

- Negative attitudes, stereotypes, and behaviors that are directed towards older adults based solely on their perceived age
- Impacts including subjective accelerated aging, mental health, cognition, quality of life

HIV-related stigma

- Negative attitudes and beliefs about people with HIV. Prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.
 - a. Believing that only certain groups of people can get HIV
 - b. Making moral judgments about people who take steps to prevent HIV transmission
 - c. Feeling that people deserve to get HIV because of their choices

High rates of loneliness among older PLWH

- San Francisco study looking at quality of life for PLWH over 50y
- 58% of study participants experience loneliness
 - Higher than people without HIV
- Loneliness has been associated with poor health outcomes
 - Depression
 - Use of alcohol and tobacco
 - Low income
 - Poor quality of life

Social Isolation vs Social Support

- **Social isolation**

- Negative psychosocial impacts including loss of income, anxiety, stress, possible elder abuse, loneliness, depression, impaired cognition, mortality
- Negative health impacts including CV disease and stroke
- Fear of stigma and lack of disclosure can affect PLWH seeking social support
- People do not feel old and do not want to be viewed as old.

- **Social support**

- Mental health support
- Supportive environment can build self-esteem and self-efficacy of older adults living with HIV
- Improvement of overall well being, self-reliance, coping strategies, mental health in aging PLWH
- **Formal versus informal social support**
 - Family/friends versus support groups/healthcare settings
- **Technology challenges**
 - In-person support, training on devices, transportation

Women Aging with HIV

- Even less data/research on women specifically
- Women represent 25% of all older adults living with HIV in the US
- Health complications in women with HIV
 - Osteoporosis
 - Cardiovascular disease
 - Obesity
- Women may be more adherent to ART w/higher rates of viral suppression and medical visits (?) *other data contradicts*
- Higher risk of domestic violence
- Responsibility of raising children and grandchildren
 - Stressor as well as reward
 - Financial demands
 - Neglect own health

Psychosocial factors for OWLH

- Amenable to change
 - Factors such as healthcare utilization, sexual health, stigma, isolation, loneliness, depression, substance use
 - Known to affect adherence and clinical outcomes but not well studied in OWLH

Healthcare Issues

- **Service utilization**

- Fear, anxiety, HIV stigma served as barriers to care for Black Women
- Concern for accidental disclosure by seeking care at HIV clinic
- Judgemental behavior by providers
- Women with adequate support system and well connected, better able to stay in care

- **ART initiation and adherence**

- Depends on data-self report vs objective data
 - OWLH less likely to adhere to ARV

- **HIV and comorbidity management**

- Caring for mind and body, utilizing social support
 - Eating well, exercising, med adherence, doing things for others, spirituality
 - Viewing age as a state of mind
- Eliminating negative relationships and environments (including substance use)
 - Having a supportive partner
- Engaging in meaningful activities like HIV prevention and awareness
- Management of comorbid conditions (diabetes, hypertension) often more difficult than HIV management.

Sexual Health

Sexual Activity and Functioning

- Onset of menopause
- Ending of past relationships, loss of partner, abandonment
- Fear of entering new relationship due to concern for rejection or transmission of virus

For those in/desiring relationships, positive impact on outlook for future, better able to manage health conditions.

Sexual pleasure and intimacy important

Sexual Risk Behaviors

- Less likely to use substances
- Psychological well-being with consistent condom use
- HIV+ detectable, associated with less decline in unprotected sex

Psychosocial Issues

Stigma

- HIV-related stigma (esp by providers) results in decreased engagement with medical care
- Linked to loneliness and decreased social participation
- MLWH and WLWH had increased stigma scores relative to MSM
- Stigma related to non-conforming to expected norm of HIV+ individual (young, MSM)
- Resultant stereotypes leads to decreased services and resources

Social isolation and loneliness

- Depending on the study, there are mixed results. Some show no gender differences, some show women less lonely than men.
- Lonely women report higher rates of substance use.
- Other reasons for social isolation and loneliness are body image issues and mental health issues.

Psychosocial issues

Mental Health Challenges

- Constant caring for family members in OWLH
- Again, when OWLH are compared to OMLH, there are mixed results. Sometimes no gender differences, sometimes higher depression in OWLH, sometimes overall mental health burden higher in OMLH.
- Overall OWLH are less likely to use substances than OMLH.

Protective Factors

- Social support, positive relationships
 - Friends, daughters
- Helping self and others through HIV education and activism
- Finding meaning through volunteering or religion
 - Believe in God rather than church membership or attendance
- Self acceptance, higher purpose in life
- Protected sex

Recent publications

Informal support networks and loneliness in Older Women LWH

- WLWH are more likely to be embedded in supportive networks than men, but they often report inadequate support in meeting their needs
- A group of ~200 women aged 50-77
 - 50% reported ever needing assistance due to HIV or other illness, disability, etc.
 - Association with greater loneliness
 - Strain from friends or family relationships
 - Needing more emotional support

Empowering and addressing age-related concerns among older WLWH

- 100,000 women 50+ living with HIV in the US
- Advances in ARV and research in HIV have allowed individuals to live longer, healthier lives.
 - Women may have lower viral suppression rates and less likely to be retained in care.
- Older women living with HIV face psychosocial challenges
 - Intimate partner violence
 - Gender discrimination
 - Ageism
 - Caregiving responsibilities
- These challenges can impede self-care and contribute to increased mental, emotional and physical burdens.
- 23 participants interviewed, aged 51-68y, living with HIV for average of 24y

Empowering and addressing age-related concerns among older WLWH

- Source of empowerment & reduction of internalized stigma
 - Desire to self-educate
 - Community activism
 - Engagement with other older women living with HIV
- Ongoing concerns
 - Pervasive HIV stigma
 - Comorbidities
 - Shrinking caregiver networks
 - Longer effects of treatment
 - Lack of HIV research and programs focusing on older women

Need for more research

- Age-related differences stemming from race/ethnicity, urban/rural location, socioeconomic status, sexual identity.
- Many studies are samples of convenience or small numbers, so cannot necessarily be generalized.
- Lack of longitudinal studies
- Barriers to healthcare utilization
- ARV adherence and viral load suppression
- Sexual activity and sexual health/functioning in OWLH
- Psychosocial issues and impact in OWLH versus other groups

What can be done?

- Lifestyle changes and exercise to combat some of the health and psychosocial issues with aging
- Social engagement, creating and strengthening relationships, including with other women
- Interventions to improve emotional support resources
- Buddy/peer program
- Programming run by aging WLWH
- Advocate on a regional/national level for systemic changes in programming; provider and staff trainings, improve screening, multidisciplinary care
- Dedicated resources for aging PLWH