

## How to implement HIV and AIDS prevention strategies for older people

- End the age limit on data collection: collate and publish HIV prevalence, prevention and treatment data disaggregated by sex and age for the 50 and above age group in 5-year age categories to age 69 and then 10-year intervals for age 70 and beyond.
- Involve older people in developing age-sensitive prevention strategies and messages and in the most appropriate forms of delivering the prevention messages to reduce the spread of HIV. Prevention messages using vernacular radio stations are particularly effective ways to reach older people.
- Train older people as peer educators for prevention campaigns and programmes and to serve as peer counsellors at VCT centres and other HIV and AIDS related facilities.
- Develop home-based care for older carers programmes, providing support and skills training on HIV prevention, care and treatment to older carers to increase their capability and to raise awareness of the need to care safely, through the use of universal precautions.
- Initiate and promote education and training programmes for health professionals, social care professionals and informal care providers in the services for and care of older persons, including common illnesses of older people.
- Enact legislation and strengthen legal efforts to eliminate elder abuse.
- HIV and AIDS prevention policies

and strategies at all levels should recognise and include older people as a vulnerable group, both in their role as carers of OVC and PLHIV and as a group at risk of infection by and living with the virus.

*HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.*

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# HIV and AIDS Prevention Strategies for Older People

## Policy Brief

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age helps



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**With older people**

**We can fight HIV and AIDS**

## Why HIV and AIDS prevention strategies for older people?

- Older people face discrimination in HIV services because of wrongly held assumptions about their sexuality including the belief that HIV only affects younger people. The collation of HIV prevalence data for the 15-49 age range reinforces such assumptions.
- The dominant risk factor among the 50+ age group is the same as for other age groups – heterosexual sex. Specific risk behaviours, such as unprotected sex, multiple concurrent sexual partners, intergenerational sex, sexually transmitted infections, and substance abuse are also present in this age group.
- Gender inequality including gender-based violence and rape of older women, observed in some countries where there are myths and misconceptions that sex with an older woman can cure HIV.
- Women are biologically more susceptible to HIV transmission than men. Women's risk of becoming infected increase with age as a result of biological factors related to the ageing process. Menopause causes a thinning of the vaginal walls and less lubrication increasing the risk of internal injury during sex and subsequent risk of HIV transmission.
- Older women and men can be at increased risk of HIV infection simply because they are typically not addressed by public information campaigns, and, therefore, do not benefit from education on how to protect themselves. Some studies

show that older people are less likely to practice safer sex than their younger counterparts<sup>1</sup>.

- The HIV prevalence rates for the 50-54 age group are similar to or higher than the national prevalence rates in Kenya, South Africa and Swaziland, according to recent AIDS indicator and demographic and health survey data<sup>2</sup>.
- VCT data from a district hospital and four VCT centres in Nyanza Province, Kenya for 2007 and 2008 indicated a HIV prevalence rate of 28 per cent (2007) and 24 per cent (2008) for the 50 and above age group<sup>3</sup>. There was no significant gender difference. The prevalence rate for Nyanza Province was 15.3 per cent according to the Kenya AIDS Indicator Survey 2007.
- Both health care providers and older people themselves may assume they are not at risk of infection and may not be tested for HIV. Health care providers do not recognize possible symptoms of HIV infection or AIDS in older people, instead assuming symptoms such as weight loss and sleeplessness are a result of other illnesses associated with the ageing process.
- Older people are generally also discriminated against within the health care system and are often ignored or given inappropriate health care services because few health workers have been trained in common illnesses of older people.

<sup>1</sup> Schmid G et al 2009 *The unexplored story of HIV and ageing*, Bulletin of the World Health Organisation.

<sup>2</sup> Kenya AIDS Indicator Survey 2007, South Africa National HIV Prevalence IBC Survey 2008, Swaziland DHS 2006-2007.

<sup>3</sup> Kenya Ministry of Health/National AIDS Control Programme VCT data (2007-2008).

- An estimated 1 in 14 people who are HIV positive are over 50 according to UNAIDS/WHO<sup>4</sup>.
- Despite evidence pointing towards older people being equally or more at risk of HIV infection, a baseline study<sup>5</sup> carried out by HelpAge revealed that few (34 per cent) older people perceive themselves to be at risk and even fewer (29 per cent) have ever tested.
- Access to testing for those aged 50 and over must be increased: progression of HIV to AIDS is faster in older people who are often diagnosed late making treatment less effective.
- Older people, particularly older women, play a major role in caring for people living with AIDS and may be at risk from accidental infection as a result of care giving.
- Older people must have access to HIV education and prevention services, not only so they can protect themselves, but so they can also educate and protect those in their care.

## What are HIV and AIDS prevention strategies for older people?

- Data from VCT services and other health facilities needs to be disaggregated by age and sex to determine the scale of the epidemic, older people's access to HIV services and their appropriate inclusion in prevention strategies and the broader response to the epidemic. This data

will allow for effective and evidence based planning and programming.

- HIV prevention and VCT services sensitive to older women and men, for example, awareness by VCT staff of risks to older people, specific times for older people to seek advice, mobile and door-to-door testing which overcome difficulties in accessing VCT services.
- Older peer educators to reach out to other older people and older peer counsellors to join VCT services teams, providing a more comfortable and secure environment in which older people can discuss sensitive issues relating to HIV and AIDS with their peers.
- Appropriate and age-sensitive HIV prevention messages targeted at older people and developed in consultation with older people, including prevention with positives.
- HIV prevention information and communication skills targeted at older carers of OVC and PLHIV.
- Research specifically looking into the interactions between age and HIV, for example, the accidental risk of infection by older carers of PLHIV, intergenerational sex, multiple concurrent sexual partners, reluctance of older men for testing, attitudes towards condom use and male circumcision.
- Access for older people to male and female condoms and lubricants.

<sup>4</sup> 2006 Report on the Global AIDS Epidemic. WHO/UNAIDS. Geneva.

<sup>5</sup> Kimondo G et al 2009 *Baseline Survey for the Preventing HIV/AIDS and alleviating its impact in multigenerational households Programme funded by BIG Lottery Fund UK.*