# Research Roundup: Women Over Age 50 and HIV

March 26, 2014 By Sarah Glasser

Women over 50 living with HIV are a particularly under-researched demographic. Specific criteria for diagnosing women with HIV were not even established until almost 15 years into the

epidemic.1 What do epidemiological data and academic research tell us about HIV and aging specifically for women? Given that almost 25% of newly diagnosed elders (50 and older) are women, are there specific factors that place them at higher risk?2 One recent analysis found menopause to be a factor, as postmenopausal women can experience more instances of vaginal dryness, which can lead to tearing during sexual activity and increased risk of HIV transmission.3 This edition of Research Roundup summarizes additional contemporary, peer-reviewed research on women aging with HIV/AIDS.

Akers, A., Bernstein, L., Henderson, S., Doyle, J., & Corbie-Smith, G. (2007). Factors associated with lack of interest in HIV testing in older at-risk women. Journal of Women's Health, 16(6), 842–858.

This study analyzed HIV testing habits of older women receiving services at a medical clinic in Georgia. Researchers interviewed 514 women, aged 50 to 95, and found that only one-third had ever received an HIV test. They also paid special attention to whether or not high-risk older women participated in testing. Women in the study were considered high risk if they engaged in sexual intercourse with high-risk male partners, such as men who engage in IV-drug use, sex work, or who are formerly incarcerated. The results: Only 45% of older, high-risk women were interested in taking an HIV test, citing lack of need, perceived lack of risk, or having been previously tested as justification. High-risk women who were uninterested in testing were more likely to be older than the other participants and more likely to be African American.

Brennan, D. J., Emlet, C. A., Brennenstuhl, S., & Rueda, S. (2013). Sociodemographic Profile of Older Adults with HIV/AIDS: Gender and Sexual Orientation Differences. Canadian Journal on Aging/La Revue Canadienne du Vieillissement, 32(1), 31–43.

Brennan and associates analyzed data from the Ontario HIV Treatment Network Cohort Study of people 50 and older living with HIV/AIDS. Approximately 11% of participants were women age 50 and older. Over two thirds of participants were living with HIV for more than a decade and almost 90% had an undetectable viral load. Women aging with HIV/AIDS who participated in the study experienced higher levels of stigma, poor self-image, and maladaptive coping skills than other participants. However, these women also reported high levels of social support, good health and were less likely to engage in cigarette and alcohol use.

Lovejoy, T. I., Heckman, T. G., Sikkema, K. J., Hansen, N. B., Kochman, A., Suhr, J. A., … & Johnson, C. J. (2008). Patterns and correlates of sexual activity and condom use behavior in persons 50-plus years of age living with HIV/AIDS. AIDS and Behavior, 12(6), 943–956.

This study included 290 individuals over age 50 living with HIV/AIDS and assessed their use of condoms. Researchers found that only 20% of the heterosexual women in the study were sexually active. They were more likely to be wealthy, report good health and be in a relationship. However, only 12% regularly used condoms. Four percent of these women reported that they were in a seroconcordant relationship, where both partners are living with HIV, and practiced irregular condom use. Three percent of the women in the study were in a serodiscordant relationship, where the woman is positive and her partner is not, and practiced irregular condom use. Irregular

condom use was associated with being in a primary relationship and knowing less about HIV/AIDS.

Golub, S. A., Botsko, M., Gamarel, K. E., Parsons, J. T., Brennan, M., & Karpiak, S. E. (2013). Dimensions of psychological well-being predict consistent condom use among older living with HIV. Ageing international, 38(3), 179–194.

Golub and associates studied factors that increased the likelihood of condom usage among HIV-positive women over age 50. They found that having “purpose in life,” “environmental mastery” and “autonomy” significantly increased likelihood of condom use. “Purpose in life” was defined as the process of seeing a deeper meaning to challenges in life. The authors suggest this may reflect individuals’ spirituality and that having spiritual practice may increase desire to participate in preventative behavior. “Environmental mastery” and “autonomy” may increase condom usage because they indicate that a woman in a relationship feels more comfortable discussing contraception and advocating for her sexual needs.

Bianco, J. A., Heckman, T. G., Sutton, M., Watakakosol, R., & Lovejoy, T. (2011). Predicting adherence to antiretroviral therapy in HIV-infected older adults: the moderating role of gender. AIDS and Behavior, 15(7), 1437–1446.

Joseph Bianco and his fellow researchers sought factors that increase adherence to antiretroviral therapy for women living with HIV over age 50. Just over half of the women in the study properly took their antiretroviral medications. Those who engaged in avoidance coping (ignoring a stressor to protect oneself) and who had fewer social supports were found more likely to be depressed. However, the study did not find a significant correlation between lack of social support, avoidance strategies, depression and adherence. In fact, researchers found no psychological or sociological factors that predicted a woman’s medication adherence.

Psaros, C., Barinas, J., Robbins, G. K., Bedoya, C. A., Safren, S. A., & Park, E. R. (2012). Intimacy and sexual decision making: Exploring the perspective of HIV positive women over 50. AIDS patient care and STDs, 26(12), 755–760.

In this qualitative study, 19 women living with HIV over age 50 were interviewed about their sexual choices. For these women, the main barriers to sexual and romantic relationships were fear of stigma, negative body image, and discomfort around disclosure. Stigma decreased rates of sexual and romantic pairings because they were afraid of being judged as “dirty” or “bad.” Negative body image, caused by the side effects of HIV medications and/or menopause, also affected romantic and sexual pairings. Moreover, discomfort about disclosure affected the rate of sex and intimacy. This discomfort came from past negative experiences, where the women experienced rejection, as well as from fear of future rejection.

In my review of contemporary research on aging among women living with HIV/AIDS, I found that most studies focused predominately on condom usage and included small sample sizes and narrow scopes of study. Many articles included female subjects but did not separate women and men in their analysis. As a result, there is a dearth of information about the specific challenges

experienced by aging women with HIV. Future studies would benefit from analyzing beyond just sexual activity, with a more holistic focus. There is also a great need for formative research on transgender women aging with HIV, all of which would better inform prevention, treatment and support services for women.

Sarah Glasser is the Community Coordinator and AVODAH Fellow at GMHC.

To read the issue as a PDF, click here.

---

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/women-over-50-25387-7585