

Rationale for the Inclusion of Older Men and Women aged 50 to 64 in AIDS Indicator Surveys

Long-term Nature of AIDS Epidemic and access to ART

The AIDS epidemic is now a long-term epidemic spanning over 25 years. Some individuals who contracted the virus when they were in their late 30s or early 40s, ten to fifteen years ago, will now be entering the 50 and above age group. With increasing availability and affordability of ART, people are now living longer with HIV. As a result, we are likely to see an increase in the number of people living with HIV (PLHIV) into older age and a possible increase in the average age of PLHIV. In addition to people living into their 50s and 60s with HIV, people are also becoming newly infected in older age.

Sexuality of Older People

Individuals 50 and above are sexually active and experience the same risk factors as other age groups such as unprotected sex, low condom use, multiple concurrent sexual partners and STIs. Yet, governments and organizations involved in the response to HIV and AIDS rarely recognize older people as a group at risk of infection and requiring HIV and AIDS services and as a result older people are often neglected and sometimes excluded from the HIV and AIDS policy and programming.

HIV prevention messaging and services are often targeted at younger people and do not meet the needs of other age groups. As a result older people often lack the knowledge they need to protect themselves from infection and to educate those in their care.

Many studies have shown that older people are less likely than their younger counterparts to practice safer sex¹. In South Africa, condom use has increased among men aged 50 and over from 8.2 in 2002 to 39.9% in 2008 and among women from 5.6 to 25.9%. Despite these increases, condom use is still lowest in the 50 and over age group. Other age groups have condom use above 50% and above 70% in the 15-24 year age group.

Transactional Sex

As with other age groups, poverty is a driver for older women to engage in transactional sex.

Intergenerational Sex

Intergenerational sex occurs between older men and older women aged 50 and above with sexual partners who are at least 10 years or more younger. If condoms are not used older people are at risk of contracting HIV from their younger partners or infecting their partners if they are living with HIV.

Gender Inequality and Abuse of Older Women

Gender inequality including gender-based violence and rape of older women can result in the women being infected with HIV. Women are biologically more susceptible to infection than men and older women have some specific risks related to the ageing process. Menopause causes a natural thinning of the vaginal walls and reduced lubrication, which can result in increased risk of internal injury during sex and subsequent exposure to HIV.

Harmful Traditional Practices

Traditional practices of wife inheritance and ritual cleansing can also be a potential risk factor for transmission of HIV to older women.

The demographic impact of HIV and AIDS

¹ Schmid G et al 2009 The unexplored story of HIV and ageing, Bulletin of the World Health Organisation 2009: 87:162

Deaths of middle aged adults to AIDS have resulted in an increased number of widows who often remarry and become sexually active with new partners at an older age. Engaging in sex with new partners may be leading to increased HIV infection among older age groups.

Accidental Infection through Caring for PLHIV including OVC living with HIV

HelpAge International estimates that at least 40% of people living with HIV in its project areas in East and Southern Africa are cared for by older caregivers. Accidental infection through caregiving is very difficult to prove, but the possibility still exists. This means that potentially some older caregivers have become HIV positive through caring for PLHIV.

Older peoples access to HIV and AIDS services

HIV prevalence and incidence data for those aged 50 and older is crucial in gaining a comprehensive picture of the nature and scale of the epidemic among the older age group. The information is needed if countries are to know and understand their epidemics and provide an appropriately targeted response. Older people need access to HIV prevention services to be able to protect themselves, their partners and those in their care from infection and older people living with HIV must be able to access the care, support and treatment services, including ART, if they are to live positively with the virus. The international commitment to achieving Universal Access to HIV prevention, treatment, care and support by 2010, by definition, includes older people and only with clear evidence of the epidemic among older people will their needs be able to be met.

Indicator of Success of ART Program

Collecting HIV prevalence data on the 50 and above age group will be a baseline indicator on roll out and success of the ART programme with the expectation that higher numbers of PLHIV will occur in the 50 and above age as a result of ART in the future.

Data from Other Countries in Eastern and Southern Africa

Country/ Age group	Uganda		Kenya		Mozambique		South Africa		Swaziland	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
50-54	7	5.5	8	8	8	6	10.4	10.2	29	24
55-59	5.8	5	4	3.8	4	2	6.2	7.7	17	10
60-64	na		3.8	2	1	0.8	3.5	1.8	14	7
National prevalence	6.4		7.4 (15-64)		12.5 (15-49)		10.9 (2 years+)		19 (2 years+)	

* Sources: Uganda DHS 2005/6, Kenya AIS 2007, Mozambique National HIV and AIDS Strategy 2005-2009, South Africa National HIV Prevalence IBC Survey 2008, Swaziland DHS 2006-2007

The HIV prevalence rate for the 50-54 age group for both men and women in Kenya, South Africa and Swaziland is equivalent to or higher than the national HIV prevalence rate. The combined male and female prevalence rate for the 55-59 age group is approximately 60% of the national rate in Kenya and South Africa, and 70% in Swaziland. For the 60-64 age group the combined rate is approximate 40% of the national rate in Kenya, 24% in South Africa and 55% in Swaziland, with the prevalence rate for older women around 50% of the prevalence rate for older men.

The Botswana DHS survey conducted in 2008 includes data on HIV prevalence among older women and men. This data will be available later in 2009. Uganda will undertake an AIDS Indicator Survey in 2010 and will collect data for men and women up to age 65.

Kenya AIDS Indicator Survey 2007 – Methodology and Sample Size

The Kenya AIDS Indicator Survey 2007 was a cross sectional population based household survey involving 50-64 age cohorts and was carried out across the country in 2007. The survey was preceded by an intensive country wide mobilization and sensitization involving the media and local leaders. A representative sample of households selected from all the eight provinces and covered both urban and rural areas were identified using a multifaceted approach. The sampling framework was drawn from the Kenya National Bureau of Statistics 2002 based on the 1999 National Household Population Census. This was further stratified into clusters with equal probability of selection in the rural and urban.

A total of 19,840 eligible individuals in 10,375 households were sampled. The total number of eligible individuals in the 50 – 64 age group was 2,606. The tables show data for age cohort 50-64 including area of residence and gender .

KAIS Demographic Data for 50- 64 year age group

Age	M	F	Total
50-54	471	574	1045
55-59	427	481	908
60-64	370	283	653
Total	1268	1338	2606

Residence for 50-64 year age group

Residence	Male	Female	Total
Urban	218	201	419
Rural	1050	1137	2187
TOTAL	1268	1338	2606

Recommendations

Include the 50-64 year age group in AIDS Indicator Surveys with data disaggregated by sex and age in 5 year cohorts. Data should be included on HIV prevalence and incidence and also on all other issues addressed by the survey, including access to services, knowledge, behaviour change etc.

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