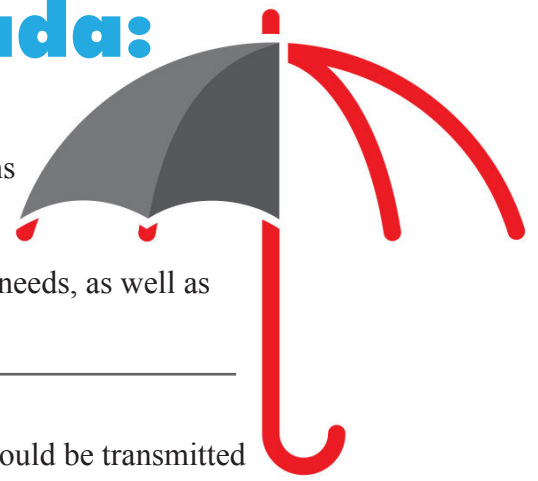


HIV and Aging in Canada: Prevention

As the Canadian population ages,¹ not only will the number of older Canadians living with HIV increase, but so will the number of older Canadians who remain sexually active, and who are at risk of HIV and other sexually transmitted infections (STIs). However, their prevention and sexual health promotion needs, as well as those of older Canadians already living with HIV, are largely being ignored.



Missed opportunities for awareness, education and screening

Traditionally, HIV prevention programs have not targeted an older age group, because they have generally not been considered a vulnerable population. For the most part, this population received little sexual health education as young adults and what was provided would not have covered HIV since the first report of the virus didn't occur until 1981.² As a result, older adults may not be aware of the behaviours that put them at risk of HIV infection and the ways they can reduce their risk.

One Canadian survey reported that seniors are generally misinformed about modes of HIV transmission. Only 57% of people aged 55-64 and 55% of people aged 65+

knew that HIV could be transmitted through unprotected sex between a man and a woman and less than 50% of people in both age groups know that unprotected sex between two men could result in HIV infection.³

Due to ageism, health care professionals and HIV educators may assume that older people are not sexually active, leading to missed opportunities for education and screening for STIs and HIV. Further, talking about sex may be considered a social taboo. This taboo may be magnified when discussing sexual health, STIs and HIV.⁴ Like many younger people, older adults may intentionally hide their sexual orientation, extramarital sexual activity, involvement with sex workers and substance use from their health care providers.^{5,6}

Increased risk of acquiring HIV and other STIs

Many sexually active older adults who are no longer concerned with contraception may be less inclined to use condoms.⁷ A 2010 survey by the Canadian Liver Foundation found that one in five baby boomers (aged 46 to 64) said they use condoms less now that pregnancy is less of a concern; and, more than half of respondents (56 per cent) say they're not worried about contracting any STIs. When asked which STIs they're most worried about contracting, unmarried boomers place HIV (56 per cent), herpes (30 per cent), and syphilis (17 per cent) in their top three.⁸

In addition to lower condom use, the thinning of vaginal

and anal membranes that occurs during the aging process means that older adults may experience more tearing during sexual activity, making them even more susceptible to infection.⁹

The gender imbalance among older populations—with women progressively outnumbering men as the population ages¹⁰—leaves older men with much greater bargaining power in heterosexual sex. This can put women at a disadvantage in their ability to negotiate condom use during intercourse with a man.¹¹ Behavioural risks faced by older women are compounded by the fact that postmenopausal women have an increased biological risk of HIV infection (and other STIs), due to vaginal dryness and to the thinning of the vaginal membrane that occur with aging.

Published by:



In association with:



Funded in part by:



Updated: November 2013



Positive Health, Dignity and Prevention

“Positive Health, Dignity and Prevention” refers to a revised concept of HIV prevention for and by people living with HIV, formerly known as ‘positive prevention’.¹² The Positive Health, Dignity and Prevention framework focuses on improving and maintaining the dignity of the individual living with HIV, which has a positive impact on that individual’s physical, mental, emotional and sexual health, and which, in turn, creates an enabling environment that will reduce the likelihood of HIV transmission. A key principle of Positive Health, Dignity and Prevention is the assertion that policies and programmes for people living with HIV should be designed and implemented with the meaningful involvement of people living with HIV.

When it comes to HIV prevention, older Canadians living with HIV must be seen as part of the solution, and not part of the problem. The public health goal of preventing new infections can only be achieved when the human, sexual and reproductive rights of people living with HIV are protected and supported; when the broader health and security needs of people living with HIV are met; and when access to timely and uninterrupted treatment and care encourages greater uptake of voluntary counselling and testing. Positive Health, Dignity and Prevention links together the social, health and prevention needs of the individual living with HIV within a human rights framework.

One of the key principles of Positive Health, Dignity

and Prevention is that preventing new HIV infections is the shared responsibility of everyone irrespective of HIV status. Consequently, the framework rejects the criminalization of HIV-positive status non-disclosure, or non-intentional HIV transmission, as well as policies and programmes that focus exclusively on ‘preventing onward transmission’—both of which can create the perception of one-sided responsibility for HIV prevention and suggest that people with HIV are scapegoats to blame when new HIV infections occur. It suggests that ‘shared responsibility’ for HIV prevention is about recognizing the role that broader social determinants of health play in human and sexual behaviour, and creating an environment for HIV prevention beyond the individual to include everyone regardless of their HIV status or proximity to the HIV epidemic.

Appropriate HIV prevention programming among older Canadians should:

- recognize that older Canadians may be at risk of acquiring HIV;
- take advantage of opportunities for education and screening that may be presented to health care professionals and HIV educators;
- adapt prevention efforts to the particular needs of various populations (for example: women and men, gay men, persons who use drugs, Aboriginal people and people from endemic communities); and,
- engage older Canadians living with HIV within a framework of Positive Health, Dignity and Prevention.

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