

HIV AND AIDS AND THE OLDER ADULT

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"I found out that I was HIV-positive in 2004. It was not nice but I had to deal with it. The counsellor told me that it is not the end of the world, but stigma in the location is high. People ask 'how can a granny be infected with HIV?'" (Grandmother living with HIV, Cape Town, 2011)

Introduction

An article in the China Daily described the special AIDS unit in one hospital in China as follows:

"In the queue, there were parents with babies and small children, a prisoner in shackles escorted by a police officer, a young pregnant woman and a couple in their 70s. [We] are seeing older adult patients year by year. Seven of the 39 people hospitalised with HIV at this unit last year (2009) were aged 58 and above, with the oldest being 73. The oldest patient we have tracked is a 94-year-old man. Study of his development has found he was most likely infected through sexual intercourse."

In sub-Saharan Africa, the involvement of older people in the fight against AIDS cannot be overestimated. Their role in taking care of and being custodians to children affected by HIV and AIDS is well documented and addressed in policy and programme responses. What is often not addressed is that, besides being affected, there are also older people infected with the virus who have to live with it in a context of silence, shame, stigma and lack of adequate treatment, care and support.

While evidence supports the fact that AIDS mostly affects the younger population, the United States National Institute on Ageing (2009) reported that a growing number of older people are now infected with HIV. Almost one-fourth of all people with HIV in the United States are aged 50 and older. This is because doctors are now finding HIV more often in older people and because improved treatment is helping people with the disease live longer.

This makes it crucial to revisit the legal standing of older adults' rights through the lens of international and regional instruments on HIV and AIDS. This paper examines the impact of HIV and AIDS on the lives of people aged 50 years and above and draws

CONTENTS

INTRODUCTION.....	1
A RIGHTS-BASED FRAMEWORK	
PROTECTING OLDER ADULTS.....	2
THE INVISIBLE EPIDEMIC.....	2
RIGHTS AT STAKE.....	4
THE 'OLDER ADULT'.....	5
IMPACT OF HIV AND AIDS ON THE OLDER ADULT'S LIVELIHOOD.....	5
FACTORS THAT PUT THE OLDER ADULT AT RISK OF HIV INFECTION.....	6
Sexual risk factors.....	6
Lack of HIV and AIDS knowledge.....	6
Exclusion and stigma.....	7
Oversight in HIV and AIDS prevention policies.....	8
Other factors.....	8
GRANDMOTHERS TAKE ACTION.....	8
Reaching out to the many.....	9
'I was once called a witch'.....	9
WHAT CAN BE DONE?.....	9
SOURCES.....	10

out the ways in which the epidemic touches their lives. It includes the life stories of a unique group of women who have decided to do something about AIDS and the effect it has on them. The women are grandmothers from Khayelitsha, Cape Town, and have joined forces in an organisation called Grandmothers against Poverty and AIDS. This paper highlights the impact of AIDS deaths and illness among younger people on the lifestyle and livelihood of the older adult; factors that put the older adult at risk of contracting HIV; exclusion and stigma; and what can be done to address some of the challenges HIV and AIDS creates for the older adult.

A rights-based framework protecting older adults

The Icelandic Human Rights Centre estimates that one out of every ten people is 60 years old or older. By 2050, an estimated one out of five individuals will be 60 years old or older and by 2150 the figure will be one out of every three worldwide. Of course there are disparities among regions in the world. For instance, one out of five Europeans is 60 years or older, but only one in 20 Africans. Nevertheless, there is an aging population which will need to be provided for through systematic programmes and policy planning. Countries need to address the current needs of the older adult while also preparing for the future of a larger older population (Nagayama, JT, n.d.). Some of these issues include the provision of health care, social security, loss of income and employment.

One issue that is not ordinarily on the policy agenda of caring for older people is sexual and reproductive health. But societies may be forced to take a closer look at this aspect of growing older as more and more people over 50 years have to deal with the effects of living with HIV and AIDS. Current policy responses take into account the effects of caring for children and grandchildren affected and/or infected by HIV and AIDS but a more comprehensive response is necessary.

The invisible epidemic

AIDS-related illnesses have claimed millions of lives for at least the past 25 years, in some cases leading to entirely new demographics in many countries notably in southern Africa. Of the known AIDS-related demographic trends in southern Africa, none are very encouraging. For one thing, HIV/AIDS is reversing the gains in life expectancy that much of southern Africa had made prior to the onset of the epidemic. Lesotho, a country that had an average life expectancy of almost 60 years in 1995, has since seen that figure drop to 36 years. Four other countries in the region - Zimbabwe, Swaziland, Botswana, and Zambia - have also seen their life expectancies plunge to below 40 in the same timeframe. The average life expectancy in sub-Saharan Africa is now 47 years - without HIV/AIDS it would be 62. Experts estimate the population of South Africa at about 50 million people, which is said to be 15% less than it would have been in a no-AIDS scenario (Wish, V, 2010).

In spite of lower life expectancy on the continent due to the pandemic, there is still a large portion of the population who live long enough to celebrate their 50th birthday. Yet, support for older persons is falling, which could further reduce the ability

of societies and governments to care for their aging populations (Human Rights Education Associates, 2003).

Although HIV and AIDS is a concern for all age groups, to date little has been written about its impact on the older population. There is however evidence to suggest that society's earlier reluctance to deal with HIV as a problem in the general population has compounded the problems of addressing HIV as a concern for older adults (Williams, E & Donnelly, J, 2002). In her book, *28 Stories of AIDS in Africa*, Stephanie Nolen (2007):71-75) tells the story of a 74-year-old woman in southern Zambia who takes care of more than 12 AIDS orphans. Nolen further reports that one in three heads of households in Zambia is over 50 years of age and two-thirds of them are female. Even though HIV mostly affects young children and those in the 30-50 age cohort, the proportion of people aged 50 and older living with, and affected by, HIV is also growing (Wemys, EG, 2009; UNAIDS, 2008).

More recent examination shows older people are increasingly being affected by HIV and AIDS directly or indirectly through knowledge of and interaction with HIV-positive family and friends (Van Gelder, E, 2011). It has been argued that older adults should be considered at risk of HIV and AIDS because they continue to be sexually active, may be (or may have been) intravenous drug users, may have received blood transfusions, and may already have a compromised immune systems due to old age and health-related conditions (Whipple, B & Scura, KW, 1989).

Older adults are often subjected to discrimination and abuse because they are perceived as easy to take advantage of. There is also a perception that older people make less worthy contributions to our fast-paced, globalised and increasingly industrialised world. While some elders have benefited where pensions and health care are well developed, most older men and women are among the poor worldwide who have lost out. Free trade, economic restructuring, the globalisation of finance and the upsurge in migration have all tended to affect elders badly in all parts of the world (Wilson, G, 2002). With the number of older adults rising, there is an increased urgency to address their rights (Human Rights Education Associates, 2003). In the context of HIV and AIDS in Sub-Saharan Africa this may even be a more pressing issue. In the words of Mathieu Perreault (2010):

"When AIDS is reported in a sexagenarian, symptoms often blend with those of old age. The patient is often embarrassed to share his/her sexual life or injection drug use to his doctor. This latter does not often associate these behaviours with later life issues. The result is that the disease is diagnosed too late and the treatments are less effective."

Reporting on the 2010 Vienna AIDS Conference, the same newspaper article quotes Bertrand Lebouche, a researcher at the University of Laval in Canada, stating that there is a problem with diagnosis in the population older than 55 years. Lebouche refers to it as "the invisible epidemic" as older adults are not often targeted by prevention programmes and fall into the cracks of screening in medical facilities.

Rights at stake

The rights of older people can be divided into three main categories: protection, participation and image. Protection refers to securing the physical, psychological and emotional safety of older persons with regard to their unique vulnerability to abuse and ill treatment. Participation refers to the need to establish a greater and more active role for older people in society. Image refers to the need to define a more positive, less degrading and discriminatory idea of who older people are and what they are capable of doing.

Special consideration and recommendations for the rights of the older adult have been granted relatively recently in international treaties and instruments. These more detailed recommendations and agreements on the rights of the older adult, however, are all based upon the fundamental premises established in documents like the Charter of the United Nations and the Universal Declaration of Human Rights (1948). In Article 25, paragraph 1 of the Universal Declaration of Human Rights it is established that:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” (Authors’ emphasis)

The United Nations encourages member states to incorporate into their national programmes the Principles for Older Persons which are based on independence, participation, care, self-fulfilment and dignity (United Nations, 1991). Dignity lies at the heart of the South African Constitution (1996) and the South African Older Persons Act (2006) aims to maintain and protect the status, wellbeing, safety and rights of older people. The Act also aims to promote the integration of older people into the community by creating an enabling environment and promoting participation in activities with people of other ages and cultures.

Older adult women are at the greatest risk of having their rights violated. Women are historically more vulnerable to violence due to their traditionally subordinate position in most cultures. Cultural, social and economic pressures make women more likely to contract HIV infection than men. Susceptibility is increased by factors ranging from rape, economic dependence on men and pressure on teenage girls to have relationships with older men. In addition, women have more responsibilities for caring for sick relatives and have less support when they themselves are sick.

With the negative image many cultures hold of older people, women are often particularly susceptible to violence and abuse. Considering that 55% of older people are women and that, in the oldest category of the aged, 65 percent are women, special consideration must be given to the effect of sex on rights violation and abuse.

According to Gebo and Justice (2009):246), HIV prevalence in middle-aged and older people is expected to continue increasing in the coming years. As antiretroviral treatment becomes more readily available worldwide, the numbers of people with HIV aged 50 and above is also likely to increase in developing countries, where access to

antiretrovirals is also becoming easier. In China alone, cases of HIV and AIDS involving men and women aged 60 and older have risen by several hundred since 2007 (Li, C & Juan, S, 2010).

The ‘older adult’

In the South African context, an older person refers to a woman aged 60 or older or a man aged 65 or older (The Older Persons Act, 2006). In the context of HIV infection, the term “older adult” denotes people who are aged 50 and above. The reason for defining adults 50 years and above as “older” in terms of HIV is that this age group is often left out in HIV care programmes and research.

In the United States people older than 50 accounted for 17% of people living with the virus in 2001, but the figure rose to 24% in 2005 (Centers for Disease Control and Prevention, 2008). This is partly due to increased access to antiretroviral therapy which makes it possible for people infected with HIV to live longer. It is also due to an increase in the number of new infections. According to UNAIDS there were approximately 33.3 million people in the world living with HIV in 2009. Sub-Saharan Africa accounts for 22.5 million of these (UNAIDS, 2010). There are no statistics for the number of people over 50 years of age who are living with HIV in Sub-Saharan Africa as a whole but according to the Human Sciences Research Council (2009) the prevalence of HIV in the 50 to 54 years age cohort in South Africa is 10.4% for males and 10.2% for females.

There are empirical reasons for a unique analysis of HIV treatment and prevention in the older adult. To begin with, the use of antiretroviral agents in the older adult can be complicated by multiple chronic co-morbidities and other non-HIV medications administered at the same time (Gebo, KA & Justice, A, 2009). Added to this, the body’s reaction to antiretroviral agents may be altered in the older person. Older adults may also be more sensitive than younger people to antiretroviral drug toxicity. Therefore, a “better understanding of the pharmacokinetics of antiretroviral agents in the older adult is of importance for the successful management of complex antiretroviral regimens in this population” (Rhee, MS & Greenblatt, DJ, 2008):1212). Prevention measures in the older population also require unique interventions.

Impact of HIV and AIDS on the older adult’s livelihood

While being at risk of HIV infection, people older than 50 in Sub-Saharan Africa are further burdened by their responsibility for the care of adult children, grandchildren and members of extended families who are sick. This means that older people are increasingly taking on productive roles instead of relinquishing them to the younger generation. They have to provide for orphaned children and secure means of income due to the gap left by the death and illness of the economically productive age group. Due to the epidemic, there are nearly 12 million orphans (younger than 18) in Sub-Saharan Africa (UNAIDS, 2008). Of the more than 11 million African children who

have lost their parents to AIDS-related illnesses in the past decade, 40 to 60% are cared for by grandmothers (Harman, D, 2008).

Because HIV and AIDS result in absenteeism from work and often eventually death in the economically active population (ages 30-50), people older than 50 have to step in. Guest (2004) argues that since HIV and AIDS affect people in their productive prime who are usually the main breadwinners for families, the result is often a loss of income at a time when medical bills escalate due to their illnesses. This leaves older adults in a dire predicament as they have to find means of earning an income while at the same time bearing medical costs and caring for the sick.

Factors that put the older adult at risk of HIV infection

Sexual risk factors

Older adults are sexually active. This puts them at risk of acquiring HIV through sexual transmission. This includes older adults resuming sexual relations after the death of a spouse or divorce. Those resuming new sexual relations may share a widely held misconception that younger persons are more at risk of contracting sexually transmitted infections (STIs) and HIV. These perceptions may result in older people not taking preventative measures or knowing their HIV status or that of their partners. Women above the age of 50 are also especially at risk of contracting HIV if they have unprotected sex because of age-related vaginal thinning and dryness that can lead to the tearing of the vaginal area (Centers for Disease Control and Prevention, 2008).

Older adults may also be under the misconception that they are protected from HIV and STIs if they are in a stable relationship. Nonetheless, as Bourne and Minichiello (2009) maintain, older people, particularly those who are in new relationships after being widowed, separated or divorced, are also at risk.

Lack of HIV and AIDS knowledge

Research in Uganda shows that older adults may be more vulnerable because of lack of information. Nankwanga, Philips and Neema (2009:3) suggest that most of the awareness campaigns conducted in Uganda and elsewhere do not target older people. Linsk (2000) also reports that older adults may not be knowledgeable about HIV risks. A report published by the World Health Organisation (WHO) (2010) cites the case of Brazil where many older people are sexually active – a fact that was not previously acknowledged in government campaigns against HIV or official statistics. According to official government figures the annual incidence of HIV infection among Brazilians over 50 years doubled between 1996 and 2006, from 7.5 to 15.7 cases per 100 000 inhabitants. Among middle-income countries, Brazil has led the way in terms of providing HIV/AIDS treatment to those most in need, but not until recently was there any awareness that older and elderly people were also at risk of HIV infection. In recognition of that risk, the Brazilian STD/AIDS Program and the Ministry of Health launched a new campaign on World AIDS Day, 1 December 2008, under the slogan: “Sex has no age. Nor has protection.” The aim is to make older people more aware of

the need to use condoms. For the Brazilian Interdisciplinary Aids Association (ABIA), it is essential to bring the words 'elderly' and 'AIDS' together in the public's mind. The Gaffrée Guinle Hospital in Rio de Janeiro began to monitor the HIV status of patients in 2001 and has noted a significant increase in zero-positivity in patients aged 60 years and over.

Gebo and Justice (2009) argue that older adults who are sexually active do not readily acknowledge their behaviour that puts them at risk of contracting HIV. Added to that, health practitioners are also less likely to address the sexual high-risk behaviour of older patients due to the misconception that older adults are less sexually active than younger people.

HIV symptoms in older adults at times can be confused with other ailments that result from the natural ageing process. According to Fritsch (2005) few health care providers are familiar with the connection between physiological aging and HIV and AIDS, which makes it difficult to establish accurate diagnoses. This shows a need for more evidence that could provide a more comprehensive understanding of the interplay between HIV and aging

Exclusion and stigma

Aside from the harmful effects of the epidemic on older adults, HIV and AIDS continue to be associated with trepidation, stigma and discrimination (Linsk, NL, 2000). People aged 50 years and over who are infected with HIV have reportedly experienced some stigma or exclusion, in varying forms and degrees. This starts with most HIV and AIDS programmes, with health practitioners and relief workers indirectly discriminating against the older adult by assuming that older people are no longer sexually active and hence not at risk of contracting HIV, even though evidence indicates otherwise (Wemys, EG, 2009). Bourne and Minichiello (2009) also report that the sexual health needs, sexual risk behaviour and epidemiology of STIs among older people in Australia has so far received minimal attention in literature, as is the case in Africa and other developing parts of the world.

Older HIV-infected patients are furthermore not well represented in clinical trials evaluating antiretroviral agents. Rhee and Greenblatt (2008) report that even though inclusion criteria for participation in trials may not necessarily have any age restrictions, there is a bias to include participants in their mid to late 30s. They maintain that this exclusion of older subjects has a bearing on the conclusions related to the efficacy and safety data for older HIV-infected patients. For instance, highly active antiretroviral therapy (HAART) may have lesser benefits in older patients, and co-morbidities, which are more common in older patients than younger ones, may impact on the management of HIV treatment (Gebo & Justice, 2009:246). This emphasises the need for including, rather than excluding older patients in research and clinical trials.

Fritsch (2005) argues that some older people are not adequately catered for when it comes to accessing medical and social services. She states that older adults only receive selective treatment options, unlike younger adults who have a wider range of options available to them. Older adults may also limit their own access to medical treatment due to their own concerns about HIV and AIDS, which they perceive as an illness associated with gay people, drug users and haemophiliacs. In addition, since many older people regard HIV infection as being socially unacceptable, they are reluctant to access

social support services. These could be just some of the reasons age-specific social HIV and AIDS programmes and support services are not readily available. Older adults' fear of being stigmatised, coupled with guilt and embarrassment, also limits their use of HIV and AIDS-related social services. In their study, Foster and Gaskins (2009) found that older patients' strategies of coping with or reducing stigma was to refuse to access treatment in the areas in which they live or to not disclose their HIV-positive status. The Older Persons Act 13 of 2006 of South Africa (South Africa, 2006), for example, protects "the older person from unfair discrimination on any ground, including on the grounds of the health status [...]." The various forms and degrees of stigma and discrimination faced by the older adult is therefore a contravention of their right to dignity, care and protection.

Oversight in HIV and AIDS prevention policies

In addition to the above, older adults have not been a priority in HIV and AIDS prevention and control campaigns (Li, C & Juan, S, 2010). Very few national HIV and AIDS policies cover the illness in older adults. Policies and programmes address the plight of older adults mostly in terms of their role as care givers. The 2002 United Nations International Plan of Action on Ageing in which all governments pledge to work for the security of older people is also signed by South Africa. The plan encourages governments to incorporate the principles of independence, participation, care, self-fulfilment and dignity into their national programmes.

Other factors

Other factors that lead to HIV infections in older people in their later years are male-to-male sexual contact, blood transfusions and heterosexual transmission (Linsk, NL, 2000). Heterosexual transmission in the older population can also be correlated to behaviour change brought on by drugs in the last few decades that treat erectile dysfunction (World Health Organisation, 2010). Persons in the 50-and-above age group who use drugs and abuse alcohol also put themselves at risk for HIV and STI infection as they engage in risky behaviour such as having unprotected sex and multiple sex partners (Centers for Disease Control and Prevention, 2008). The impact of violence on health and particularly HIV is undeniable. It is estimated that 16% of all HIV infections in women in South Africa result from domestic violence by their partners (Wang, SH & Rowley, W, 2007). In this respect, rape and domestic violence, particularly in the South African context, are also drivers of the epidemic and not only among younger populations.

Grandmothers take action

In spite of the above factors and realities, there is a story of resilience and hope for older people affected and infected by HIV and AIDS in Cape Town, South Africa. The Grand Mothers Against Poverty and AIDS (GAPA) is an inspirational movement that has changed the lives of many. It stands out as a forceful beacon in a society where aging with HIV is taboo.



GAPA is based in Khayelitsha, Cape Town. The organisation was founded in 2001 after research showed that older adults (including grandmothers) did not have sufficient information about HIV and AIDS and suffered stigmatisation and poverty – often as a result of HIV and AIDS. Many of these women are the sole breadwinners and they hold together their families who are afflicted by AIDS and poverty. GAPA is a member-based organisation for grandmothers who are 50 years and older and who have been affected by HIV or AIDS in some way or another. In some cases their adult children have died or are very ill and need nursing. Some have to care for orphaned children while some are grieving for lost family members and feel unable to cope with their day-to-day lives. Others are also living with HIV (GAPA, n.d.).

Reaching out to the many

Melody¹ is a 50-year-old grandmother who joined GAPA in 2006. Even though she is not infected with HIV, she finds fulfilment helping out at the GAPA community centre as a facilitator and educator in HIV and AIDS awareness. Her daughter (who has an 11-month old child) is living with HIV, but suffers from depression, as well as arthritis and high blood pressure, and does not consistently take her medication. Melody finds it difficult to convince her daughter of the importance of taking her ARVs. This does not stop her from reaching out to others who visit GAPA. Her life's mission is to reach out to as many people as she can, both the young and old, and inform them about HIV and AIDS transmission and prevention. She teaches parenting skills and ensures affected people are aware of their human rights. Though her life is difficult, Melody enjoys the activities that the grandmothers in GAPA are involved in.



'I was once called a witch'

Born in 1954 in the Eastern Cape, Thandi² is a grandmother of three. One of her grandchildren receives financial educational assistance and another attends GAPA's afternoon aftercare programme. Even though she has had her share of discrimination and stigma – to the extent of being ostracised and labelled as a witch in her neighbourhood – Thandi speaks candidly about how she contracted HIV. She blames it on her ignorance about the importance of using condoms. Thandi has already lost one of her four children to AIDS, and she would not like to go through that kind of bereavement again. She therefore now speaks openly to her children and other youths on the topic of HIV prevention. When she compares the time when her skin was pale and covered in scabs – and her neighbours were calling her a witch – to the present in which she is the picture of health due to ARVs and the support she receives and gives to others at GAPA, Thandi says the toughest challenge she has faced on her journey with HIV is the question she cannot seem to shake off since she contracted HIV: "How could you get HIV at your age?"

What can be done?

Due to constantly improving standards of living and the availability of ARVs, older adults are living longer and staying sexually active. This fact needs to be recognised, acknowledged and taken into account in HIV and AIDS planning and programming.

¹ Not her real name

² Not her real name

Emlet, Tozay and Raveis (2010) conducted a study in which they observed various areas of strengths and resilience among older adults with HIV and AIDS. These themes are self-acceptance, optimism, will to live, self-management, relational living and independence. Participants aged 52 and living with AIDS reported finding strength from their acceptance of their status and their will to live. Health practitioners could try to identify methods of assessing resilience in HIV-infected older adults and implement policies and programmes which respond to the needs of these populations.

Older people, while taking care of children or grandchildren infected or affected by HIV and AIDS, do not have the necessary information to help them with this task. It is imperative that older populations are included when developing and implementing HIV and AIDS awareness campaigns and programmes to address their particular health needs. Home-based care programmes run by the state, private or community sectors could do more by incorporating more HIV and AIDS awareness programmes specifically tailored for the older adult.

As the older HIV-infected population keeps increasing, the need to determine the most suitable HAART regimen in this group also becomes more urgent (Gebo, KA & Justice, A, 2009). Even though gerontology is not a well established discipline in most countries in Africa, extensive research in HIV and AIDS amongst adults aged 50 and older needs to be accelerated. Sub-Saharan Africa is more heavily affected by the epidemic than any other region of the world yet there are currently no specific guidelines available that focus on treatment management in older HIV-infected adults (Nguyen & Holodniy, 2008). This needs to be addressed as a matter of urgency.

In Brazil a campaign was launched on World AIDS Day in 2008 under the slogan, “Sex has no age. Nor has protection,” (World Health Organisation, 2010). The goal of the campaign was to make older adults aware of the need to protect themselves against HIV infection and also to promote their use of condoms. Similar campaigns can go a long way to address the gaps identified in the response of policies and programmes in Sub-Saharan Africa.

SOURCES

Bourne, C. & Minichiello, V. (2009). Sexual behaviour and diagnosis of people over the age of 50 attending a sexual health clinic. *Australasian Journal on Ageing*, 28(1), 32-36.

Li, C. & Juan, S. (2010). AIDS and the elderly: More elderly afflicted with HIV. *China Daily*. Retrieved from http://www.chinadaily.com.cn/china/2010-01/11/content_9296241.htm

Centers for Disease Control and Prevention. (2008). HIV/AIDS among Persons Aged 50 and Older. Retrieved from <http://www.cdc.gov/hiv/topics/over50/resources/factsheets/over50.htm>

Emlet, C., Tozay, S. & Raveis, V. (2010). “I’m Not Going to Die from the AIDS”: Resilience in Aging with HIV Disease. *The Gerontologist*, 51(1), 101-111.

Foster, PP. & Gaskins, SW. (2009). Older African Americans’ management of HIV/AIDS stigma. *AIDS Care*, 21(10), 1306-1312.

Fritsch, T. (2005). HIV/AIDS and the Older Adult: An Exploratory Study of the Age-Related Differences in Access to Medical and Social Services. *Journal of Applied Gerontology*, 24(1), 35-54.

GAPA. (n.d.). Grandmothers Against Poverty & AIDs. Retrieved July 22, 2011, from <http://www.gapa.org.za/>

Gebo, KA. & Justice, A. (2009). HIV infection in the elderly. *Current Infectious Diseases Reports*, 11, 246 - 254.

Guest, R. (2004). *The shackled continent*. London: Macmillan.

Harman, D. (2008). Grannies of South Africa's AIDS orphans look to "Mama" for support. *The Christian Science Monitor*. Retrieved from <http://www.highbeam.com/doc/1G1-172918697.html>

Human Rights Education Associates. (2003). The Rights of the Aged. Human Rights Education Associates. Retrieved from http://www.hrea.org/index.php?doc_id=435

Human Sciences Research Council. (2009). *South African national HIV prevalence, incidence, behaviour and communication survey, 2008: A turning tide among teenagers?* Cape Town: Human Sciences Research Council.

Linsk, NL. (2000). HIV among older adults: age-specific issues in prevention and treatment. *The AIDS Reader*, 10(7).

Nagayama, JT. (n.d.). Protecting the Rights of the Elderly and Disabled. Retrieved from <http://www.munfw.org/images/Elderly%20and%20Disabled%20Rights.pdf>

Nankwanga, A., Phillips, J. & Neema, S. (2009). *Exploring and curbing the effects of HIV/AIDS on older adult people in Uganda*. Kampala: Makerere University.

National Institute on Ageing. (2009). HIV, AIDS, and Older People. National Institutes of Health U.S. Department of Health and Human Services. Retrieved from <http://www.nia.nih.gov/NR/rdonlyres/406F1413-29E3-4944-A25C-16C98D86F097/12531/HIVpartsAPFINAL41309.pdf>

Nguyen, N. & Holodniy, M. (2008). HIV infection in the elderly. *Clinical Interventions in Aging*, 3(3), 453 - 472.

Nolen, S. (2007). *28 stories of AIDS in Africa*. London: Portobello.

Perreault, M. (2010). Sida et troisième âge: plus qu'un tabou. *La Presse*.

Rhee, MS. & Greenblatt, DJ. (2008). Pharmacologic Consideration for the Use of Antiretroviral Agents in the Older adult. *The Journal of Clinical Pharmacology*, 48(10), 1212 - 1225.

South Africa. (1996). *The Constitution of the Republic of South Africa Act 108 of 1996*.

South Africa. (2006). *Older Persons Act 13 of 2006*.

UNAIDS. (2008). *Report on the global HIV/AIDS epidemic 2008*. Joint United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS. (2010). *Global report: UNAIDS report on the global AIDS epidemic 2010*. Joint United Nations Programme on HIV/AIDS (UNAIDS).

United Nations. (1948). *Universal Declaration of Human Rights adopted on 10th December 1948*.

United Nations. (1991). *The United Nations Principles of Older Persons*.

Van Gelder, E. (2011). No quiet old age for South Africa's grannies. *Street News Service*. Retrieved from <http://www.streetnewsservice.org/news/2011/february/feed-269/no-quiet-old-age-for-south-africa%E2%80%99s-grannies.aspx>

Wang, SH. & Rowley, W. (2007). *Rape: How women, the community and the health sector respond*. Geneva: Sexual Violence Research Initiative and the World Health Organization.

Wemys, EG. (2009). Increase HIV/Aids awareness among the older adult population. *NGO News Africa*.

Whipple, B. & Scura, KW. (1989). HIV and the older adult taking the necessary precautions. *Journal of Gerontological Nursing*, 15(9), 15-19.

Williams, E. & Donnelly, J. (2002). *Older Americans and AIDS: some guidelines for prevention*. The CBS Interactive Business Network. Retrieved from http://findarticles.com/p/articles/mi_hb6467/is_2_47/ai_n28917577/

Wilson, G. (2002). Globalisation and older people : effects of markets and migration. *Ageing and society*, 22(5), 647 -663.

Wish, V. (2010). AIDS Upturns Africa's Demographics. *Allianz*. Retrieved from <http://knowledge.allianz.com/?232/aids-africa-demographics-population>

World Health Organisation. (2010). Unprotected sex has no age. *Bulletin of the World Health Organisation*, 87(3).



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