
Strategies for improving the lives of women aged 40 and above living with HIV/AIDS.

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Authors' objectives

While in its early years the HIV epidemic affected primarily the male and the young, nowadays the population living with HIV/AIDS comprises approximately 24 percent women, and its age composition has shifted towards older ages. Many women over 40 who live with HIV/AIDS also live with the medical and social conditions that accompany aging. This work aims to identify and characterize empirical studies of strategies for the comprehensive management of women over 40, including transgender women, who live with HIV/AIDS.

Authors' conclusions

We identified 890 citations that address three areas of interest and enrolled women who live with HIV/AIDS. Of these, only 37 (4 percent) reported results of interest for older women, or examined interactions between gender and older age that would allow predictions in this subgroup. Few of the 37 eligible studies focused on women facing challenges, such as immigrants, transgender, physically abused, or those recently released from prison. No studies focused on women caring for dependents, those diagnosed after age 40 or those who have adequate health insurance. In the sample of States, we found more HIV resources (testing, housing, medical and mental health, and social support) in the large cities than others; in some median and small cities no HIV resources were found. The evidence base that is directly applicable to women over 40 who live with HIV/AIDS in the U.S. is limited. We make observations to inform the prioritization of future research.

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