

How Does HIV/AIDS Affect the Elderly in Developing Countries?

Of the estimated 40 million people living with HIV, the vast majority are adults in their prime working years, but as this middle generation dies of AIDS, a generation of young children and a generation of elderly ages 50 and older are left behind (UNAIDS and WHO 2006). The elderly not only lose the support of their adult children, but they must increasingly take on additional familial responsibilities—with potentially adverse effects for their own well-being.

Despite extensive amounts of research on the AIDS epidemic, relatively few studies have focused on the elderly. This newsletter highlights National Institute on Aging-funded research and other recent research that explores the impact of HIV/AIDS on the elderly in developing countries.

Caring for Families

In the wake of the AIDS epidemic, some elderly assume even more family responsibility as they take on the care of their adult children or relatives who are sick. Research in Thailand and Cambodia has shown that a large proportion of adults who died from AIDS had either lived with or near their parents by the terminal stage of their illness (Knodel 2006). Often a parent or other older relatives provided some type of care for their adult children.

More elderly are also assuming the role of caretaker for their grandchildren and other orphaned children. Global estimates indicate that more than 15 million children under the age of 18 have lost one or both parents to AIDS (UNICEF, UNAIDS, and PEPFAR 2006). Sub-Saharan Africa bears the greatest burden, while parts of Asia are increasingly affected. Due to the infectious nature of HIV, once one parent is lost to AIDS, the risk of also losing the second parent is relatively high. Given the lack of orphanages in many settings, support from extended family and community members offers the best and perhaps only realistic long-term solution to meeting the needs of children whose parents have died. In many cases, grandparents take on a share of the responsibility. Research from South Africa shows that in provinces where HIV prevalence has increased the fastest, the proportion of elderly living with an orphaned grandchild has also increased (Merli and Palloni 2006). However, according to John Knodel at the University of Michigan's Population Studies Center, rapidly expanding access to antiretroviral therapy will likely decrease deaths of adult children and delay serious illness. As a result, parents may change how they help—instead of providing terminal stage care, they may help ensure adherence to demanding regimes of medications.

Economic Impact

The AIDS epidemic places economic pressure on some elderly (Knodel 2006). The figure (page 2) compares the economic costs of caregiving for older people in Cambodia and Thailand. Old age, declining health status, and caretaking responsibilities at home compromise older people's ability to earn an income. Thus, many older people resort to selling important assets to pay for expenses. While there are adverse economic effects in both countries, the situation is worse for parents in Cambodia because of that country's extensive poverty and lack of government social protection mechanisms. In Thailand, government health insurance and welfare programs help reduce a family's medical expenses. In Malawi, and probably in much of rural sub-Saharan Africa,

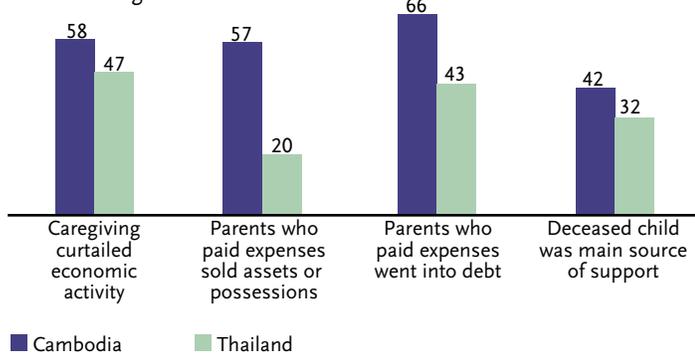
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This review summarizes research related to the objectives of the National Institute on Aging, with emphasis on work conducted at the NIA demography centers. Our objective is to provide decisionmakers in government, business, and nongovernmental organizations with up-to-date scientific evidence relevant to policy debates and program design. These newsletters can be accessed at www.prb.org/TodaysResearch.aspx.

Taking care of AIDS patients places economic pressure on the elderly in Cambodia and Thailand.

Percent caregivers



Source: John Knodel, "Parents of Persons With AIDS: Unrecognized Contributions and Unmet Needs," *Global Ageing: Issues and Action* (August 2006): 46-55.

rural elderly do little remunerative work and are unlikely to sell assets, simply because they have very little that could be sold (Chimwaza & Watkins 2004).

In many developing countries where strong extended family support systems exist, elderly people who care for their adult children or relatives with HIV/AIDS often receive material support from other relatives. In Malawi, intergenerational support networks exist between adult children and their parents and also with maternal and paternal aunts and uncles (Weinreb 2002). These networks help alleviate the potential financial burden on the elderly. More recent research in Malawi looks closely at the nature of financial transfers between family members as well as other community members. Preliminary results indicate that individuals from the same family provided more transfers. People in better health also provided more assistance, possibly because those in better health did not need extra savings to cover the costs of illness (Chao and Kohler 2007, Population Aging Research Center working paper).

Health Consequences

The physical demands and emotional strain of caring for the seriously ill can adversely affect the health of the elderly. Evidence from Thailand indicates that the increase in daily chores and activities related to caregiving adversely affects older people's physical health and well-being during the time that they care for their ill adult children. In addition, worry and stress are commonly reported emotional problems as

older people suffer anxiety over the illness or death of loved ones (Kespichayawattana and VanLandingham 2003). One longitudinal study in Tanzania compared the elderly in households that did not experience an adult death to those elderly living in households where an adult had died (Dayton and Ainsworth 2002). The elderly suffered from a temporary decrease in physical well-being as measured by a decline in body mass index (BMI) during the period of the illness, but they recovered after the death of the sick adult. In households that did not experience an adult death during the study period, poor households had a significantly higher percent of elderly with a low BMI than nonpoor households, suggesting that these poor elderly need the greatest assistance while caring for a sick adult and need to improve their own health status.

Attitudes

Community reactions toward those living with HIV as well as toward their caregivers have generally been positive or neutral, despite widely held assumptions to the contrary. Research in Cambodia and Thailand found that while study participants reported some negative community reactions, sympathetic and supportive reactions were much more common, with respondents reporting that neighbors visited them and brought food or medicine. Educational campaigns and knowledge about HIV have likely alleviated fears about casual transmission, thus contributing to lower levels of stigma (Knodel 2006; Knodel, Watkins, and VanLandingham 2003; VanLandingham, Im-em, and Saengtienchai 2005). Research in sub-Saharan Africa also reveals that community members generally provide moral and social support to caregivers (Chimwaza and Watkins 2004).

Supporting the Elderly

Despite their considerable caretaking role, the elderly remain largely hidden from the international HIV/AIDS agenda. Because it is assumed that they are not at risk of contracting HIV, the elderly have received minimal programmatic and policy attention. However, older people are not only at risk of infection, their income and health may also be adversely affected when they take on the role of caregiver. Furthermore, they may need support in their caregiving role. Resources and information targeted at the elderly can enhance the efforts older people make to care for their loved ones and to protect themselves. Older people can also play a key role in prevention by influencing their adult children to avoid risky behavior (Knodel and Zimmer 2007).

While an increasing amount of research has been conducted on how HIV affects the elderly, more rigorous, longitudinal research is needed. New data collection, part of the Malawi Diffusion and Ideational Change Project, will allow researchers to take an in-depth look at the consequences of the epidemic for the elderly and children.

More research is also necessary to develop effective programs and policies to address the needs of older people. Particularly important in the context of increasing access to antiretroviral therapy is determining the potential of older parents in encouraging treatment and monitoring adherence and how increased access to these drug regimes alters the consequences of having an HIV-infected son or daughter. Future studies may focus on developing interventions to help the elderly in their caretaking roles, preferably by strengthening the coping mechanisms that communities are already using. These include networks of social support and income transfers between family members. The elderly have made and continue to make a large contribution in the fight against AIDS, and providing resources to support them in their caregiving role is important for their own well-being and for their families and larger communities (Knodel 2006).

Older People's Vulnerability to HIV Infection

While the AIDS epidemic affects older people mainly through their role as caregivers, the elderly are also vulnerable to HIV infection. Older people do engage in sexual activity. Because they are not considered a target group, the elderly miss out on many of the HIV prevention messages. Additionally, many of the statistics on HIV/AIDS do not include those over the age of 50. For example, UNAIDS prevalence data refer to adults between the ages of 15 and 49, further reinforcing the notion that older people are not at risk of contracting HIV (UNAIDS and WHO 2006). However, data from national programs in Africa, Asia, and Latin America indicate that people ages 50 and older do make up a proportion of reported AIDS cases. Additionally, as access to antiretroviral therapy expands and the survival time of those living with HIV is extended, greater numbers of people with HIV will be living into their older years (Knodel 2006).

As the HIV epidemic progresses, the elderly must be counted and educated about the risks of HIV. Armed with appropriate knowledge and tools, they will be able to protect themselves against infection and will also be able to play a greater role in educating and protecting their communities (Knodel and VanLandingham 2002; Knodel, Watkins, and VanLandingham 2003; HelpAge International 2002).

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The NIA Demography Centers

The National Institute on Aging supports 13 research centers on the demography and economics of aging, based at the University of California at Berkeley, the University of Chicago, Harvard University, the University of Michigan, the National Bureau of Economic Research, the University of North Carolina, the University of Pennsylvania, Pennsylvania State University, Princeton University, RAND Corporation, Stanford University, the University of Southern California/University of California at Los Angeles, and the University of Wisconsin.

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For More Information

**Gerontological Society of America
Preconference Workshop on Aging and HIV Infection**
www.agingconference.com/pre-conference_workshops.cfm

Global Ageing Issues and Action
www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.7.6

**Population Aging Research Center Working Papers,
University of Pennsylvania**
Li-wei Chao and Hans-Peter Kohler, "The Behavioral Economics of Altruism, Reciprocity and Transfers Within Families and Rural Communities: Evidence From sub-Saharan Africa," *University of Pennsylvania Population Aging Research Center (PARC) Working Paper Series 07-01* (2007). Available online at:
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Adeline Delavande and Hans-Peter Kohler, "Subjective Expectations in the Context of HIV/AIDS in Malawi," *University of Pennsylvania Population Aging Research Center (PARC) Working Paper Series 07-06* (2007). Available online at:
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Population and Health InfoShare
AIDS and Older Persons: Studies of the Impact in Thailand and Cambodia
www.phishare.org/partners/AIDSELD/

Research Network on HIV/AIDS and the Elderly
<http://agingaidsnet.psc.isr.umich.edu>



POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW, Suite 520, Washington, DC 20009 USA
Tel.: 202-483-1100 | Fax: 202-328-3937
E-mail: popref@prb.org | Website: www.prb.org