

“You’re Awfully Old to have *this* disease:” Experiences of stigma and ageism among older adults with HIV/AIDS.

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Background: Older adults living with HIV/AIDS may face a “double jeopardy” with regard to stigmatizing conditions. They are stigmatized based on their HIV-status and discriminated against due to ageist attitudes from service providers, friends, family and the general public. In addition, many older adults are themselves involve in implicit ageism which is defined as ageist thoughts and feelings that exist and operate outside the purview of conscious awareness, control and intention. No studies to date have systematically examined both ageism and HIV stigma simultaneously. The majority of research on HIV stigma has excluded older adults (age 50+) from sampling or ignored age as a variable in the analysis. Methods: This qualitative study utilized methods from the grounded theory tradition to better understand the experiences of older, HIV-infected adults related to ageism and HIV-stigma. Purposive sampling was used to recruit individuals from AIDS service organizations, county public health, medical centers and infectious disease clinics in Western Washington. Twenty-five semi-structured interviews were completed with adults age 50 and over with HIV/AIDS. All interviews were tape recorded and transcribed. Open and axial coding of interview transcripts resulted in the development of a model for framing the combined experiences of HIV stigma and ageism. Results: Respondents ranged in age from 50 to 72 years (mean 56.12 ± 5.74). The majority (68%) were male and 40% were people of color. Half the sample lived alone and 76% had been diagnosed with AIDS. Of the 17 men in the sample, 9 (52.9%) had been exposed to HIV through men having sex with men. Nine participants had been exposed through heterosexual contact, and four through injection drug use. One individual had been exposed through contaminated blood and two had an unknown risk factor. Nearly 70% of the respondents reported through their interviews they had experienced both ageism and HIV associated stigma. Eleven major themes emerged from the coded interviews which were used to create a model of stigma and ageism. The model placed all themes into four domains of socially induced (interactive) HIV-stigma, socially induced ageism, internal (intrapersonal) HIV stigma and intrapersonal ageism. Discussion and Implications: The model identified eleven themes that may be sources of felt (internalized) as well as enacted stigma and ageism. This concept of double jeopardy exists in the lives of the majority of persons interviewed. The identification of internal versus socially induced discrimination could be helpful in designing interventions for both HIV stigma and ageism at the micro as well as macro levels of practice and advocacy for this emerging vulnerable population.

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