Living With HIV Across the Life Course: Gender and Age Differences in Stigma, Sexual Health Communication, and Care Needs in 29 Countries

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Key Takeaways

- **Shame was highest in younger women (<50): 47.1% (men 50+: 29.6%); adjusted odds 1.56× those of men <50 (95% CI 1.26–1.93).**
- **HIV status not shared with non-HIV providers: most common in younger women (<50) (31.6%; men 50+: 15.1%).**
- **Women–men differences in shame among under-50s: largest in North America (20.7 points higher in women) and Europe (14.1); none in Latin America (small sample).**
- **Self-reported viral suppression: lowest in younger women (<50): 77.9% (n=587) vs 94.4% in men 50+ (n=734); association only.**

Plain Language Summary

- We surveyed people living with HIV in 29 countries and compared four groups: women and men, aged under 50 or 50 and over.
- Younger women (<50) more often said they feel ashamed of having HIV and more often had not shared their HIV status with non-HIV health professionals.
- Younger women (<50) were also less likely to report an undetectable viral load.
- These are differences between groups and do not show cause and effect.

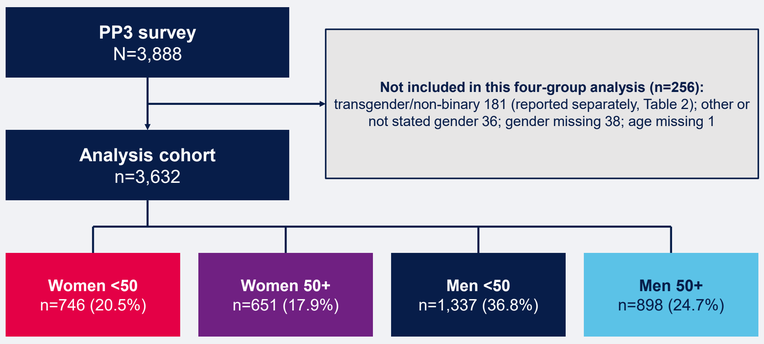
Background

- Living with HIV is a lifelong experience that evolves from diagnosis through older adulthood. The challenges individuals face may differ by gender and life stage, influencing stigma, disclosure, sexual health communication, psychosocial wellbeing and treatment-related needs.
- Stigma is associated with poorer treatment adherence.[1,2]
- We examined how experiences of living with HIV vary across age and gender groups to identify populations with distinct support needs and opportunities for more individualised care.

Methods

- We analysed Positive Perspectives Wave 3 (PP3) data from 3,888 people living with HIV in 29 countries (cross-sectional online or paper survey of adults on HIV treatment, August 2024–August 2026).
- Convenience sample (not randomly selected or weighted), recruited with community organisations and local partners (coordinated through community organisations in 20 of 29 countries).
- Groups: women <50, women ≥50, men <50 and men ≥50 years (n=3,632; Figure 1); cisgender and transgender participants included (62 reported a sex at birth different from gender). Transgender/non-binary respondents (n=181) are reported separately (Table 2).
- Outcomes: (1) diagnosis and stigma, (2) patient–provider relationships, (3) sexual health and U=U communication, (4) hormone therapy experiences among women, (5) psychosocial wellbeing and quality of life.
- Chi-square tests (unadjusted); logistic models vs men <50 adjusted for region, time since diagnosis, education and comorbidities. Exploratory analyses.

Figure 1. Participant Flow and Analysis Groups (Adult HIV Survey)



Percentages are of the analysis cohort (n=3,632).

Table 1. Characteristics of the Analysis Groups

	Women <50	Women 50+	Men <50	Men 50+
N	746	651	1,337	898
Median age, years	36	57	36	59
Diagnosed >10 years	23.7%	56.9%	25.9%	71.9%
Median comorbidities	2	5	2	5
Region: Europe (PP3: n=1,806; 46.5%)	41.0%	43.0%	48.7%	51.4%
North America (PP3: n=872; 22.4%)	30.8%	31.8%	17.3%	16.9%
Latin America (PP3: n=480; 12.3%)	9.9%	8.6%	15.3%	7.9%
Asia (PP3: n=408; 10.5%)	4.8%	9.4%	12.2%	15.0%
Other (Australia, S. Africa) (PP3: n=322; 8.3%)	13.4%	7.2%	6.6%	8.7%
In a steady relationship	62.4%	48.9%	46.9%	46.1%
Heterosexual	79.6%	87.2%	28.8%	21.6%

Region rows: % of each group's N; "PP3" = region n (%) of all 3,888 respondents. Other rows: % answering each item (n=500–1,335 per cell). Comorbidities: non-HIV conditions reported.

Table 2. Separately Analysed Transgender and Non-Binary Respondents

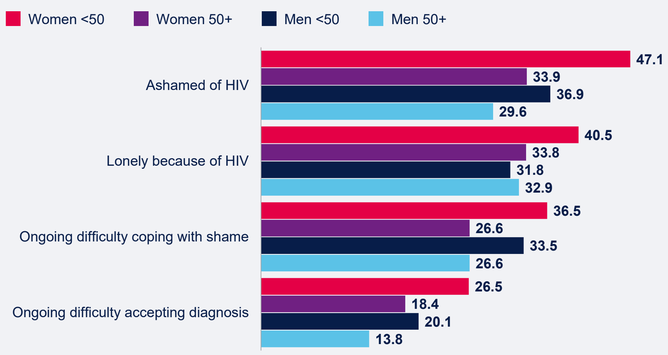
Outcome	Trans/non-binary	Four-group range
Ashamed of HIV	28.9% (43/149)	29.6–47.1%
Lonely because of HIV	32.9% (49/149)	31.8–40.5%
Feels unheard by main HIV provider	28.0% (40/143)	19.6–32.0%
Comfortable discussing personal aspects of life (e.g. sexual health) with main HIV provider	50.3% (72/143)	53.3–64.6%

n=181 (108 transgender, 73 non-binary); outcome-specific denominators 143–149. Descriptive only; not adjusted or tested.

Shame, Loneliness and Difficulty Coping Were Highest in Younger Women (<50)

- **47.1%** of younger women (<50) felt ashamed of HIV (men 50+: 29.6%) and **40.5%** felt lonely because of HIV.
- After adjustment, younger women (<50) had higher odds than men <50 of shame (aOR 1.56) and loneliness (aOR 1.42) (Table 3), but women 50+ and men 50+ did not differ from men <50. So, the gap between under-50s and those 50+ was larger in women than in men (age × gender interaction: p=0.04 for shame; p=0.017 for loneliness).

Figure 2. Shame, Loneliness and Difficulty Coping, by Gender and Age Group

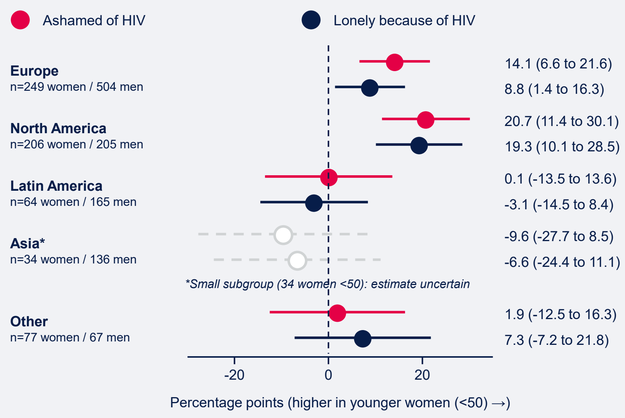


% of each group answering. n (women <50 / women 50+ / men <50 / men 50+): ashamed 630/525/1,077/734; lonely 629/523/1,077/735; coping with shame 641/549/1,094/757; accepting diagnosis 641/553/1,094/759. Chi-square p<0.01 for all.

The Largest Observed Women–Men Differences Under 50 Were in North America and Europe

- Shame in North America: **53.4%** of younger women (<50) vs **32.7%** of men <50 (difference 20.7 percentage points, 95% CI 11.4–30.1); Europe 53.4% vs 39.3% (14.1; 6.6–21.6).
- Differences varied by region (gender × region interaction p=0.016 shame, p=0.039 loneliness; excluding Asia p=0.078, 0.076).

Figure 3. Difference in Shame and Loneliness, Younger Women (<50) Minus Men <50, by Region

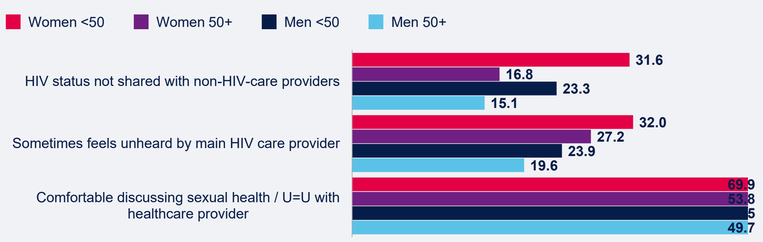


Dot = difference (% younger women (<50) minus % men <50); line = 95% CI; values in brackets are 95% CI. n = valid responses to the shame item. Other = Australia and South Africa.

Younger Women (<50) Less Often Had Shared Their HIV Status With Non-HIV-Care Providers and More Often Felt Unheard

- **31.6%** of younger women (<50) had not shared their HIV status with providers where they receive non-HIV care (men 50+: 15.1%); non-disclosure can be a deliberate choice.
- **32.0%** sometimes felt unheard by their main HIV care provider (men 50+: 19.6%).
- **69.9%** were comfortable discussing sexual health / U=U with their healthcare provider (men 50+: 49.7%).

Figure 4. Communication With Healthcare Providers, by Gender and Age Group



% of each group answering. n (women <50 / women 50+ / men <50 / men 50+): status not shared 598/512/1,030/721 (applicable only); unheard 628/518/1,065/720; sexual health / U=U comfort 631/517/1,072/729. Chi-square p<0.001 for all.

Family Circumstances and Shame in Younger Women (<50)

- Shame did not differ significantly by wishing to have children (44.0% vs 47.9%) or by steady relationship (46.3% vs 48.1%); younger women (<50) who have or had children reported more shame (52.1% vs 41.6%, p=0.011; unadjusted).

n=626 answering the children item; 618 for relationship status. Not adjusted for multiple testing.

Self-Reported Viral Suppression Was Lowest in Younger Women (<50)

- **77.9%** of younger women (<50) reported viral suppression (n=587) vs 87.0% of men <50 (n=1,038), 89.4% of women 50+ (n=527), 94.4% of men 50+ (n=734) (p<0.001; self-reported; association only).

Differences in Younger Women (<50) Persisted After Adjustment

Table 3. Adjusted Odds Ratios (95% CI) Versus Men <50 (Reference)

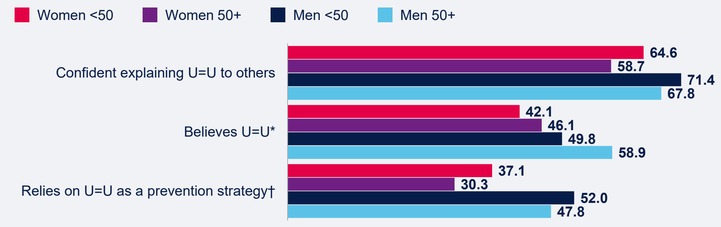
Outcome	Women <50	Women 50+	Men 50+	n
Ashamed of HIV	**1.56 (1.26–1.93)**	1.02 (0.79–1.32)	0.93 (0.74–1.18)	2,810
Lonely because of HIV	**1.42 (1.14–1.77)**	1.11 (0.86–1.44)	1.18 (0.93–1.49)	2,808
Any internalised stigma	**1.30 (1.02–1.64)**	0.90 (0.69–1.17)	0.84 (0.66–1.06)	2,810
Any enacted stigma	**1.28 (1.02–1.60)**	1.26 (0.96–1.64)	**0.76 (0.60–0.96)**	2,803
Ongoing difficulty accepting diagnosis	**1.31 (1.03–1.68)**	0.89 (0.66–1.21)	**0.71 (0.53–0.96)**	2,837
3+ ongoing psychosocial difficulties[1]	1.16 (0.94–1.44)	**0.66 (0.51–0.85)**	**0.67 (0.53–0.84)**	2,837
5+ unmet-need domains[1]	**1.29 (1.02–1.64)**	0.92 (0.70–1.20)	**0.59 (0.47–0.75)**	2,840
Comfortable discussing personal aspects of life (e.g. sexual health) with main HIV provider	0.82 (0.66–1.03)	**0.65 (0.51–0.84)**	0.98 (0.78–1.23)	2,829
Has told friends their HIV status	**0.56 (0.45–0.71)**	**0.73 (0.55–0.95)**	0.81 (0.63–1.05)	2,681
Has told sexual partner(s) their HIV status	**0.68 (0.52–0.88)**	0.89 (0.65–1.21)	0.89 (0.69–1.14)	2,074

Adjusted for region, time since diagnosis, education and comorbidities; n = respondents per model. Bold = 95% CI excludes 1. OR >1 = higher odds than men <50 ('has told' rows: <1 = lower odds). [1]Unmet-need domains (7): physical, emotional, adherence, stigma, treatment, access, communication. Psychosocial difficulties (8; ≥6 answered): accepting diagnosis, coping with stigma/shame/anxiety, long-term treatment, medication in public, sex life, work.

U=U: Confidence Explaining It, Belief in It and Using It for Prevention Differed by Age and Gender

- **71.4%** of men <50 and **64.6%** of younger women (<50) were confident explaining U=U to others, vs 58.7% of women 50+ and 67.8% of men 50+.
- Belief in U=U was lowest in younger women (<50) (**42.1%**) and highest in men 50+ (58.9%).

Figure 5. Confidence Explaining U=U and Belief in U=U, by Gender and Age Group



% of each group answering. n (women <50 / women 50+ / men <50 / men 50+): confident explaining 633/533/1,077/737; believes 584/460/1,000/671; prevention 631/528/1,076/736. Chi-square p<0.001. *Heard of U=U, not worried about residual transmission risk when undetectable. †Selected U=U as prevention strategy.

Hormone Therapy and ART: Experiences and Information Needs Among Women Using Hormone Therapy

Table 4. Women Answering the Hormone-Therapy Questions: Women <50 Versus Women 50+

Agreed with…	Women <50 (n=253)	Women 50+ (n=173)
Sometimes misses or delays HIV medication to avoid problems with hormonal therapy	39.9% (101/253)	35.8% (62/173)
Had to switch HIV medication because of problems taking it with hormonal therapy	37.2% (94/253)	35.3% (61/173)
Needs information on how to take both together so they work well	47.0% (119/253)	43.4% (75/173)
Provider has given enough information on drug interactions	49.4% (125/253)	53.5% (92/172)

% (n/N) agreeing somewhat/strongly. n=426 of 1,397 women (30.5%) answered the hormone-therapy questions (users only; no comparison with non-users). No significant age differences (all p>0.3). Self-reported; does not show who initiated a switch or confirm an interaction.

- **Menopause diagnosis:** younger women (<50) with a diagnosis (n=77 of 746) were less often comfortable discussing personal aspects of life with their HIV provider: 41.5% (27/65) vs 65.0% (367/565) without; women 50+ (n=422 of 651): 52.7% vs 54.3%, not significant. Shame: aOR 1.01 (0.75–1.37) after age adjustment.

Limitations

- Cross-sectional, self-reported convenience sample (online/paper; varied by country): associations only; read regional results (esp. Latin America, Asia) cautiously. Exploratory; small subgroups (women <50 in Asia, n=34) may be imprecise. Health systems vary (e.g. UK vs insurance-based).

Conclusions

- Experiences of living with HIV differed substantially by gender and age. Younger women (<50) appeared particularly vulnerable to challenges with diagnosis acceptance, stigma, loneliness, sharing HIV status and sexual health communication.
- Women receiving hormone therapy reported persistent unmet needs for counselling on interactions between hormonal and antiretroviral therapies.
- These findings support moving beyond one-size-fits-all HIV care towards individualised models that account for life stage, gender-specific concerns, psychosocial wellbeing and evolving treatment needs.

References: 1. Katz et al. J Int AIDS Soc 2013;16(3 Suppl 2):18640. 2. Sweeney & Vanable. AIDS Behav 2016;20:29–50.

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Abbreviations: aOR, adjusted odds ratio; CI, confidence interval; ART, antiretroviral therapy; U=U, undetectable = untransmittable.