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Services & Advocacy
for Gay, Lesbian, Bisexual
& Transgender Elders

National Resource Center
on LGBT Aging
National Headquarters
c/o Services & Advocacy
for GLBT Elders (SAGE)
305 Seventh Avenue
6th Floor
New York, NY 10001

212-741-2247 phone
212-366-1947 fax

info@lgbtagingcenter.org
lgbtagingcenter.org

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Honest Talk about Aging & Sexual Health

We can't talk about aging and HIV (and other sexually transmitted infections) without talking about sex! There is a general discomfort with sexual issues in the U.S. across the lifecycle; and, talking with older adults can be even more taboo. However, we know that LGBT older adults have the right to express their sexuality, regardless of age, and/or sexual orientation and gender identity. This fact sheet will provide the reader with basic information about the prevention of sexually transmitted infections (STI), including HIV (Human Immunodeficiency Virus).

HOW MUCH DO YOU KNOW?

Consider if the following statements are true or false about STI/HIV:

Older adults are at greater risk of contracting sexually transmitted infections (STIs).

TRUE. There are a number of risk factors for LGBT older adults. There is a lack of knowledge, in that many older adults have not received basic information about sexual health, including STI/HIV prevention. Much of this is due to ageism and belief that older LGBT adults are not having sex. Older adults have more unique age related biological risk factors, such as vaginal dryness and erectile dysfunction. Vaginal dryness can

make penetrative sex uncomfortable and also increase the likelihood of vaginal abrasions which makes transmission of STIs more likely. Erectile dysfunction may increase the difficulty of using condoms. As a result, some men may not use condoms during sex.

An older person needs to ask to be tested for STIs/HIV.

TRUE. Healthcare providers do not automatically test patients, especially older adults. Many providers assume older adults are not sexually active and/or are uncomfortable talking about sexual health. Older people often mistake signs of HIV for the aches and pains of normal aging, so they are less likely than younger people to get tested. Also, older folks may be ashamed or afraid of being tested. People age 50 and older may have the virus for years before being tested. By the time they are diagnosed with HIV, they may be in the late stages of illness.

HIV is different from AIDS.

TRUE. HIV is the virus that is transmitted through risk behavior such as unprotected vaginal or anal sex or intravenous drug use. Untreated HIV may lead to AIDS (Acquired Immunodeficiency Syndrome). If an individual living with HIV is receiving

proper care and treatment, the level of the virus will become undetectable.

There is a difference between bacterial STIs and viral STIs?

TRUE. Bacterial STIs (chlamydia, syphilis, and gonorrhea) are curable. Viral STIs (HIV, Hepatitis, Human Papilloma Virus, and Herpes) can be treated, but not cured. The sooner any STI is diagnosed, the better treatment results can be. The first step is always to get tested!

HIV & AGING BY THE NUMBERS

According to the CDC, in 2013 people age 50 and over accounted for 18% (8,575) of an estimated 47,352 HIV diagnosis in the United States. Reasons for growing numbers of older adults living with HIV are due to a few reasons including:

- Development of more effective HIV treatments has led to increased survival and thriving lives in senior years.
- Older adults are being newly infected by engaging in high risk sexual behavior and/or drugs.
- Older adults infected years ago, are getting tested for the first time. This is likely due to the stigma associated with HIV testing. www.cdc.gov/hiv

AM I AT RISK?

Think about the following statements to determine if you may be at risk for developing a STI, including HIV.

If you answer “yes” to any of these statements, contact your healthcare provider.

- I have had vaginal and/or anal intercourse with a new partner(s) in the last 6 months.

- I have had more than one sexual partner in the last 5 years.
- I have never been tested for HIV.
- I use drug injection equipment and/or use recreational drugs.
- I am concerned that I may have a STI.

HOW CAN I REDUCE MY RISK FOR STI/HIV?

Think about safer sex in terms of “Green Light” (no risk behaviors) such as masturbation, sexual fantasies, massage, holding hands, showering together, using sex toys (not sharing though), hugging, and/or kissing. “Yellow Light” (low risk behaviors) like oral sex, vaginal and/or anal sex with a condom (don’t forget the lube). “Red Light” (high risk behaviors) vaginal and/or anal sex without a condom, withdrawal (pulling out). Try to reduce your risk by using condoms as consistently (and correctly) as possible. Discover the joys of outercourse, or non-penetrative sex. Your most important sex organ is your brain, and your largest sex organ is your skin. It’s not just what’s below your waist and in between your legs that counts. Remember that intimacy comes from communication, sharing, and letting our partner(s) know we care.

By Terri Clark, MPH
Prevention Services Coordinator
ActionAIDS Philadelphia

For More Information

SAGE	sageusa.org
HIV-Age	hiv-age.org
SaferSex4Seniors	safersex4seniors.org
Age Is Not A Condom	ageisnotacondom.org