

Gaps in Gender, Ageing, and HIV Research

Insights from Women’s Lived Experiences in NSW

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01 Background / Purpose

Women aged 45 years and over living with HIV experience intersecting health, social and gender-related barriers. Underrepresentation in clinical trials, limited specialised and age-appropriate care, stigma, discrimination and socio-economic vulnerability can affect long-term health, wellbeing and quality of life.

This work aimed to identify priorities and unmet needs of women ageing with HIV in NSW through lived experience shared in an established peer-support program.



HIV × GENDER × AGEING

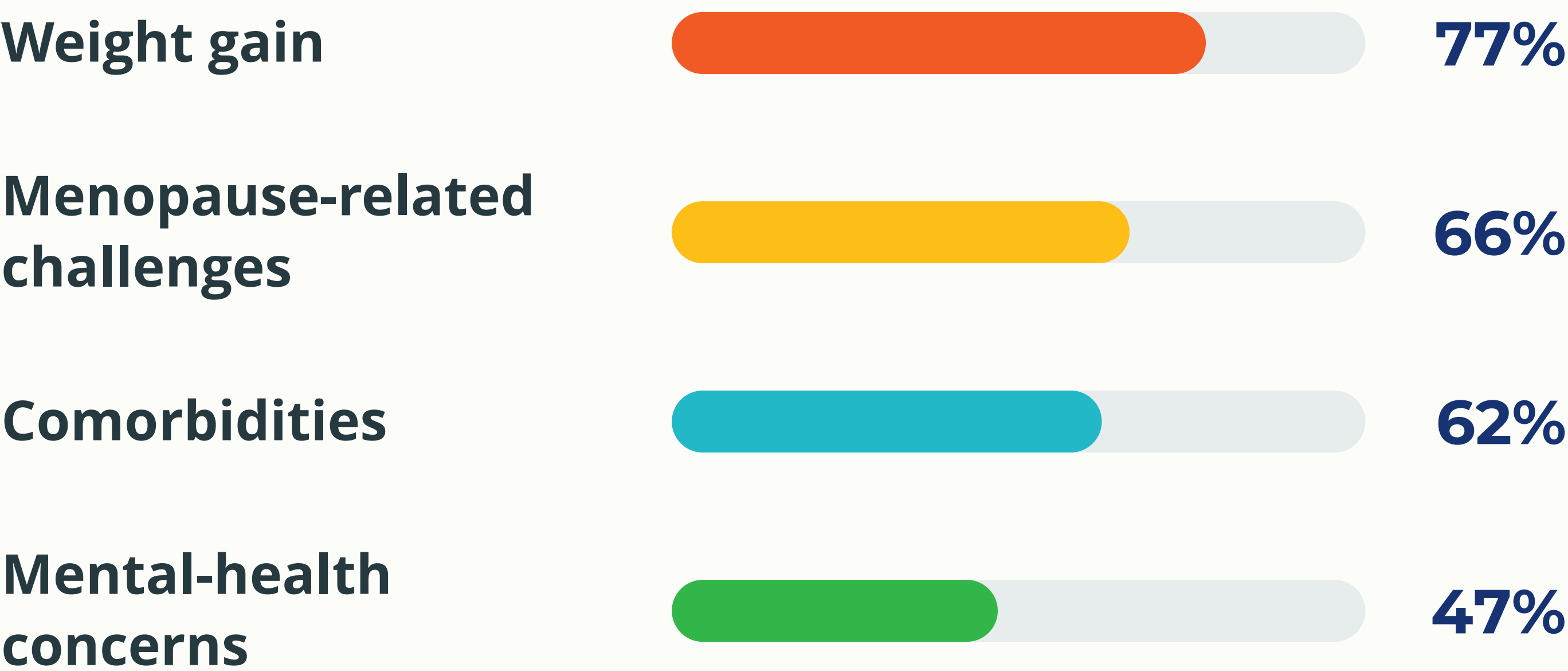
Women’s lived experience must shape care, research and policy.

02 Approach

Positive Life NSW has facilitated a bi-monthly online peer-support program for more than four years, involving 53 women living with HIV aged 45 years and over. The safe, peer-led space supports connection, resilience and mutual support. Qualitative reflections and discussions were thematically reviewed to identify recurring concerns and priorities.

53 WOMEN
AGED 45+

03 Outcomes / Impact



What women described

Women called for practitioners with expertise across ageing, HIV and women’s health, together with tailored, gender-responsive information and services. Some described difficulty accessing appropriate information and feeling unheard. Financial insecurity and personal safety were also recognised as determinants of health and wellbeing.

These gaps can negatively affect long-term health, wellbeing and quality of life.

04 Innovation and Significance

Persistent gaps

- Gender-responsive care
- Trauma-informed practice
- Culturally competent services
- Women-focused HIV research
- Integrated ageing, HIV and women’s health

Why the peer-led model matters

Peer-led spaces make visible experiences that may be overlooked in traditional research and healthcare. They can generate practice-relevant evidence and help ensure research, policy and service design reflect women’s priorities.

Holistic, person-centred care and sustained peer support are central to healthy ageing with HIV. Care should integrate HIV, ageing and women’s health while recognising women’s broader social circumstances.

CONCLUSION

Women ageing with HIV need care and research that recognise the intersection of HIV, gender and ageing. Peer-led spaces provide connection and a powerful source of evidence for improving policy, practice and quality of life.

Peer-led • Women-centred • Evidence-generating

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