Review of the Literature: A Rural–Urban Comparison of Social Networks of Older Adults Living With HIV

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Globally, aging populations and older persons living with HIV (OPLWH) are emerging socioeconomic and health care concerns. Aging adults living in rural communities have less access to and lower utilization of health care services; they rely heavily on available peer and family networks. Although social networks have been linked to positive mental and physical health outcomes, there is a lack of understanding about social networks in rural-dwelling OPLWH. The purpose of this integrative literature review was to compare emerging themes in the social network components of rural versus urban-dwelling OPLWH and network benefits and barriers. Overarching themes include: limited and/or fragile networks, social inclusion versus social isolation, social capital, and health outcomes. Results demonstrate an overall lack of rural-focused research on OPLWH and a universal lack of informal and formal networks due to isolation, lack of health care services, and omnipresent HIV stigma.

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Worldwide, aging populations represent an emerging phenomenon. Global estimates have projected that by 2050, the older population will almost triple and is expected to surpass two billion (United Nations, Department of Economic and Social Affairs, Population Division, 2013). Problems associated with the aging population include: increased comorbidities, decreased personal network size, and increased depression rates (Luppa et al., 2012; Smith et al., 2014; Vanderhorst & McLaren, 2005), particularly for older rural residents who experience social loneliness and scarce assisted living and health care resources (Averill, 2012; Drennan et al., 2008; Winterton, Clune, Warburton, & Martin, 2014). The aforementioned evidence is important, as strong network ties have been linked to resilience and improved subjective well-being and self-efficacy, and they also result in reduced risk of mortality in the elderly (Holt-Lunstad, Smith, & Layton, 2010; Wells, 2009; Yuasa, Ukawa, Ikeno, & Kawabata, 2014).

Aging with HIV, defined as those ages 50 years and older, is also a rapidly emerging phenomenon with advances in antiretroviral therapies (Centers for Disease Control and Prevention, 2013). By 2015, more than half of the people living with HIV will likely be older than 50; yet this population is infrequently evaluated compared to their younger counterparts (Kirk & Goetz, 2009). Globally, 4.2 million adults ages 50 years and older were living with HIV in 2013 and this number was expected to increase (Joint United Nations Programme on HIV/AIDS, 2014). Although not the fastest growing newly

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infected population, this demographic will continue to grow and will pose special long-term pharmacologic, prevention, and health maintenance considerations and challenges.

Despite being well into the fourth decade of the HIV epidemic, stigma, whether perceived or experienced, continues to be a prevailing issue within the United States and throughout the world (Vanable, Carey, Blair, & Littlewood, 2006). Research has shown that HIV-infected older adults experience disease-related and age-related social discrimination that may consequentially decrease utilization of available HIV resources and contribute to higher rates of poor mental health (Emlet, 2007; Grov, Golub, Parsons, Brennan, & Karpiak, 2010; Vanable et al., 2006). An additional layer of stigma, known as "ageism" and defined as the belief that older people are no longer attractive, productive, or valued members of society, is detrimental to the well-being, mental state, and self-conceptualization of older adults managing HIV (Vance, Moneyham, Fordham, & Struzick, 2008). The stigma we are addressing is not unidimensional or universal. It encompasses any form of discrediting, discrimination, or prejudice toward an older person living with HIV (OPLWH), whether directly experienced and/or anticipatorily perceived (Emlet, 2006a). Because of the complexity of the construct, all identified forms of stigma were included in this review.

Aging with HIV can further disrupt social networks due to associated stigma and fear of disclosure and rejection (Emlet, 2006b; Grov et al., 2010; Heckman et al., 2000). In addition, the dynamic social interactions of aging with HIV in rural and urban communities may present added challenges to formation and utilization of social networks. For instance, despite the availability of formal AIDS Service Organizations, OPLWH may not know of, feel comfortable with, or use these services. Geographic location, social network size, and type of social interaction may contribute to disease management, mental well-being, and quality of life (QOL) for aging infected and uninfected older adults. Therefore, the specific aims of our review were to: (a) compare emerging themes from the literature of social networks of OPLWH living in rural and urban areas; and (b) describe identified benefits and barriers of social networks for rural and urban OPLWH.

Methods

An integrative review of the literature was performed, which provided the ability to systematically, conceptually, and theoretically evaluate and summarize existing literature (Whittemore & Knafl, 2005). The purpose of an integrative review is to incorporate various study methods to comprehensively describe study concepts, themes, and outcomes of a relatively new or understudied topic to provide an initial conceptualization of the topic (Torroco, 2005). Integrative reviews may combine experimental versus nonexperimental studies and combine data from empirical versus theoretical literature in order to more fully understand a phenomenon (Whittemore & Knafl, 2005). Using this approach, articles with diverse methods were retrieved to capture multiple elements of HIV-infected older adults' social networks and the emerging concepts of the benefits and barriers of those networks. This conceptual, integrative review of OPLWH in rural and urban communities also highlighted the significant lack of literature on rural-dwelling OPLWH. We reviewed qualitative, quantitative, and mixed-method studies; systematic reviews; and meta-analytic reviews.

Data Collection

Data were collected from target databases (PubMed, CINAHL, Age and Cancer Research Abstracts, Google Scholar, PsychInfo, and AgeLine) in 2015. Prior to data collection, a preliminary search of the literature was performed to refine and organize the proposed search terms and to ascertain the volume of literature for social networks of rural-dwelling OPLWH. Due to the significant lack of studies investigating OPLWH in rural communities, the review also incorporated and compared articles related to social network components of urban-dwelling HIV-infected older adults.

Final key terms used in the review included: *networks*, *social networks*, *informal and formal networks*, *social support*, *aging*, *older adult(s)*, *elderly*, *HIV*, *AIDS*, *HIV/AIDS*, *aging with HIV*, *rural*, *rural communities*, and *rurality*. A snowball approach of listed references also facilitated identification of potential articles. The abstracts of articles with

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