

Quality of Life Among Older Adults Living with HIV: A Literature Review

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ABSTRACT

Advances in antiretroviral therapy have extended the life expectancy of people living with HIV, leading to a growing population of older adults with this condition who face age-related biological decline alongside persistent psychosocial pressures that may reduce their quality of life. This review was conducted to describe the quality of life of older adults living with HIV and to examine the psychosocial factors influencing it based on research published in the past five years. A literature review approach was employed by searching several online databases and selecting studies published between 2019 and 2025 that focused on quality of life and psychosocial aspects among individuals aged 50 years and older living with HIV. Six studies met the inclusion criteria and show a consistent pattern indicating that the quality of life of older adults with HIV is shaped by psychosocial conditions such as stigma, depression, and limited social support, all of which contribute to diminished well-being. Conversely, protective factors such as resilience and community support play a crucial role in enhancing psychological health and improving overall quality of life. These findings highlight that the well-being of older adults living with HIV is strongly influenced by their psychosocial environment, and emphasize the need for interventions that strengthen social support and foster resilience to promote better quality of life within this population.

1. INTRODUCTION

Advances in antiretroviral therapy (ART) over the past two decades have transformed HIV infection from a fatal disease into a manageable chronic condition. This progress has led to a significant increase in the life expectancy of people living with HIV, including in developing countries such as Indonesia. According to UNAIDS (2024), more than 21% of people living with HIV worldwide are now aged over 50 years, while the World Health Organization (WHO, 2023) reports an increasing trend of HIV cases among older adults in Southeast Asia. This phenomenon is referred to as aging with HIV, describing individuals who survive into older age due to long-term ART success (Haase et al., 2023).

Nevertheless, older adults living with HIV continue to face complex medical and psychosocial challenges. Biologically, aging is associated with immune system decline, an increased risk of opportunistic infections, and a higher prevalence of non-communicable diseases such as hypertension, diabetes mellitus, neuropathy, and dyslipidemia. The interaction between aging and long-term ART side effects may further accelerate biological aging, a process known as accelerated aging (Abdulai et al., 2025).

Beyond medical issues, psychosocial problems represent a major determinant of quality of life among older adults living with HIV. Persistent societal stigma often leads to discrimination, social rejection, and emotional isolation. Many older individuals conceal their HIV status due to fear of exclusion, increasing their vulnerability to depression, anxiety, and chronic loneliness. A study by Aurpibul et al. (2023) in Thailand reported that the prevalence of depression among older adults with HIV was twice as high as that among younger age groups. Similar findings were reported by Abdulai et al. (2025) in Ghana, highlighting social isolation and limited community

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support as key contributors to reduced psychological and social quality-of-life domains. In Indonesia, Pakpahan et al. (2025) found that social stigma was significantly associated with poorer physical, psychological, and spiritual quality of life. Furthermore, Trisiswati et al. (2025) reported a significant association between depression and self-stigma among women living with HIV, with 38% experiencing depression and 19% reporting suicidal ideation, which negatively affected ART adherence and overall quality of life.

Despite these challenges, several studies have identified protective factors that enhance well-being among older adults living with HIV. Resilience has been shown to be positively associated with quality of life and improved ART adherence (Haase et al., 2023). Social capital, including strong social networks, a sense of acceptance, and community support, plays an important role in promoting mental health and providing meaning in life (Lin et al., 2020). In HIV research, individuals aged ≥ 50 years are commonly classified as older adults because, at this age, immune decline, comorbidities, and HIV-related accelerated aging become more pronounced compared to younger populations.

Research examining the quality of life of older adults living with HIV from a psychosocial perspective remains limited, particularly in Southeast Asia and middle-income countries. This gap highlights the need for a comprehensive review of studies published over the past five years to provide an up-to-date understanding of psychosocial factors influencing quality of life in this population. This review offers novelty by not only mapping risk factors such as stigma, depression, and limited social support, but also emphasizing protective factors such as resilience and social capital, which are rarely explored in regional studies. Additionally, this review integrates findings from multiple countries with diverse sociocultural contexts, enriching the understanding of quality-of-life dynamics among older adults living with HIV.

Based on this background, the present study aims to describe the quality of life of older adults living with HIV and to analyze the roles of medical and psychosocial factors—including comorbidities, antiretroviral therapy effects, stigma, depression, social support, and resilience—in shaping the physical, psychological, and social conditions of older adults living with HIV, based on studies published within the past five years. The main limitation of this review is its reliance on articles available in online databases and the heterogeneity of study designs, which requires cautious interpretation and generalization of the findings.

2. METHOD

This study employed a literature review design using electronic databases, including PubMed, Google Scholar, ScienceDirect, and the Directory of Open Access Journals (DOAJ). Literature searches were conducted using a combination of Indonesian and English keywords such as “quality of life among older adults with HIV,” “older adults living with HIV,” “psychosocial factors,” “stigma,” and “social support.” Boolean operators such as AND and OR were applied to broaden the search strategy, for example: (“older adults” OR “elderly”) AND (“HIV”) AND (“quality of life”) AND (“psychosocial”). Articles published between 2019 and 2025 were considered eligible.

This literature review aimed to identify, evaluate, and synthesize scientific evidence regarding the quality of life of pre-elderly and elderly individuals living with HIV, with a particular focus on psychosocial aspects such as stigma, depression, and social support, as well as medical challenges related to geriatric syndromes. Article selection was conducted in several stages. The first stage involved screening titles and abstracts to assess relevance to the research topic. Relevant articles were then subjected to full-text review to ensure that they contained the required information and met the established methodological criteria.

Data sources included national and international peer-reviewed journals indexed in electronic databases such as PubMed, Google Scholar, ScienceDirect, and DOAJ. Searches used combinations of Indonesian and English keywords including “quality of life among older adults with HIV,” “psychosocial factors,” “stigma,” “depression,” and “social support.” Boolean operators (AND, OR) were applied to enhance search completeness.

Inclusion criteria comprised articles published between 2019 and 2025, written in Indonesian or English, available in full text, and examining the relationship between psychosocial factors and quality of life among older adults aged ≥ 50 years living with HIV. Exclusion criteria included editorials, commentaries, case reports, and studies that did not address psychosocial aspects or did not focus on older adult populations.

Selected articles were analyzed and synthesized narratively to identify patterns, similarities, and differences across studies. Results were presented descriptively and summarized in tables containing author names, publication years, study locations, research methods, and main findings. Data were analyzed qualitatively using a narrative synthesis approach. Findings from each study were compared and integrated to identify common patterns, inter-study differences, and factors influencing quality of life among older adults living with HIV. The analysis focused on psychosocial factors such as stigma, depression, social support, and resilience, as well as their contributions to changes in physical conditions and psychological well-being.

3. RESULT AND DISCUSSION

Result

Following the literature search, six studies met the inclusion criteria and were analyzed using a literature review approach. The findings from these six studies are summarized in the following tables.

Table 1. Overview of Quality of Life Among Older Adults Living with HIV

Author(s) and Years	Quality of Life Among Older Adults Living with HIV		
	Good	Moderate	Poor
Abdulai et al. (2025)	V		
Aurpibul et al. (2023)		V	
Pakpahan et al. (2025)		V	
Haase et al. (2023)		V	
Lin et al. (2020)		V	
de Luque et al. (2025)	V		

Based on Table 1, the quality of life of older adults living with HIV varied across studies. Good quality of life was reported in studies by Abdulai et al. (2025) and de Luque et al. (2025), indicating that some older adults were able to maintain relatively stable physical and psychosocial functioning. Several studies reported moderate quality of life, as observed in the studies by Aurpibul et al. (2023), Pakpahan et al. (2025), Haase et al. (2023), and Lin et al. (2020).

Table 2. Psychosocial Factors Influencing Quality of Life Among Older Adults Living with HIV

Psychosocial Factors	Highly Influential	Moderately Influential	Less Influential	Author (s) and Years
Social Support	V			Abdulai 2025; Lin 2020; de Luque 2025
Stigma	V	V		Aurpibul 2023; Pakpahan 2025
Anxiety and Depression	V			Haase 2023; Aurpibul 2023
Social Participation		V		Lin 2020; de Luque 2025

Based on Table 2, social support emerged as the most influential factor affecting quality of life among older adults living with HIV, as reported by Abdulai (2025), Lin (2020), and de Luque

(2025). Stigma also demonstrated a strong influence, with findings from Aurpibul (2023) and Pakpahan (2025) categorizing it as a highly to moderately influential factor. Anxiety and depression were reported by Haase (2023) and Aurpibul (2023) as significant contributors to decreased quality of life. Meanwhile, social participation was found to have a moderate influence based on studies by Lin (2020) and de Luque (2025).

Table 3. Psychosocial Interventions to Improve Quality of Life Among Older Adults Living with HIV

Author(s) and Years	Type of Intervention	Intervention Components	Outcomes / Effectiveness
Abdulai et al. (2025)	Natural social support	Support from family, friends, and community	Improved mental and emotional well-being
Aurpibul et al. (2023)	No direct intervention (observational)	-	Identified the association between stigma, depression, and quality of life
Pakpahan et al. (2025)	No intervention	-	Identified psychosocial barriers
Haase et al. (2023)	No intervention	-	Identified depression as a factor reducing quality of life
Lin et al. (2020)	Strengthening social capital	Interpersonal relationships, social participation, trust	Improved mental quality of life
de Luquea et al. (2025)	Community-based intervention programs	Group activities, peer support, physical exercise, psychoeducation	Significant improvement in quality of life (from moderate to good)

Based on Table 3, natural social support interventions were shown to be effective in improving the mental and emotional aspects of older adults living with HIV (Abdulai et al., 2025), while strengthening social capital through interpersonal relationships and social participation was also associated with improvements in mental quality of life (Lin et al., 2020). Community-based interventions incorporating group activities, peer support, exercise, and psychoeducation demonstrated a significant improvement in quality of life from a moderate to a good level (de Luque et al., 2025). The remaining three studies were observational in nature and did not implement direct interventions; however, they identified key factors such as the relationship between stigma, depression, and quality of life, psychosocial barriers, and the role of depression as a determinant of reduced quality of life (Aurpibul et al., 2023; Pakpahan et al., 2025; Haase et al., 2023).

Table 4. Roles of Stigma, Depression, Social Support, and Resilience in Quality of Life Among Older Adults Living with HIV

Author(s) and Years	Stigma	Depression or Anxiety	Social Support	Resilience	Impact on Quality of Life
Abdulai et al. (2025)			V	V	Quality of life improves with social support and effective coping
Aurpibul et al. (2023)	V	V			Stigma and depression reduce quality of life
Pakpahan et al. (2025)	V	V	V		Stigma and low social support reduce quality of life

Haase et al. (2023)	V		Depression and stress lead to decreased quality of life
Lin et al. (2020)	V	V	Social capital improves mental quality of life
de Luquea et al. (2025)		V	Interventions improve quality of life from moderate to good

Based on Table 4, stigma and depression consistently contributed to a decline in the quality of life of older adults living with HIV, as demonstrated by Aurpibul et al. (2023), Pakpahan et al. (2025), and Haase et al. (2023). Limited social support further exacerbated this condition, whereas support from family, friends, and community networks was shown to enhance quality of life by improving mental well-being and coping capacity (Abdulai et al., 2025). Other studies indicated that social capital, including interpersonal relationships and social participation, contributed to improvements in mental quality of life (Lin et al., 2020). In addition, resilience functioned as a protective factor supporting improved quality of life, as evidenced by community-based interventions that successfully elevated quality of life from a moderate to a good level (de Luque et al., 2025).

Discussion

The findings of this literature review indicate that the quality of life of older adults living with HIV is the result of a highly complex interaction between medical and psychosocial factors. Within the psychosocial domain, stigma, depression, and anxiety exert a substantial influence on quality-of-life deterioration through interconnected causal pathways. Stigma, whether originating from the surrounding environment or internalized by individuals themselves, leads older adults to restrict their social engagement, avoid social interactions, and conceal their HIV status. This process results in persistent social isolation and loneliness, which further exacerbate the risk of depression and anxiety. These psychological conditions reduce motivation, increase emotional exhaustion, and diminish adherence to antiretroviral therapy, thereby worsening physical health and lowering quality of life across multiple domains, including physical, psychological, and social aspects. Moreover, medical and psychosocial factors interact reciprocally in shaping the quality of life of older adults living with HIV.

Age-related health problems, together with side effects of antiretroviral therapy such as fatigue, chronic pain, and sleep disturbances, contribute to limitations in daily activities and declining physical functioning. Worsening physical health may increase stress, anxiety, and feelings of helplessness. Conversely, poor psychological well-being can accelerate disease progression through reduced treatment adherence and delayed access to healthcare services. This bidirectional interaction demonstrates that the quality of life of older adults living with HIV cannot be understood from a single perspective, but rather as the result of an integration of biological and psychosocial dimensions.

This review also reveals variations in research findings across regions and cultural contexts. Studies conducted in Southeast Asia, including Thailand and Indonesia, report that social stigma remains strong, largely driven by moral norms and negative perceptions of HIV, significantly contributing to social isolation and mental health problems. In African settings, although stigma persists as a challenge, strong community networks and family support function as protective factors in maintaining the quality of life of older adults living with HIV. In high-income countries, research places greater emphasis on individual resilience and access to healthcare services, although internalized stigma and psychological disorders continue to be present. These differences highlight that the quality of life of older adults living with HIV is highly dependent on social, cultural, and healthcare system contexts.

With regard to psychosocial interventions, research findings suggest that community-based approaches and peer support are more effective in producing comprehensive benefits compared to interventions delivered solely at the individual level. Community-based

interventions involving group activities, peer support, and psychoeducation have been shown to improve quality of life among older adults from moderate to better levels. Peer support provides a safe space for older adults to share experiences, reduce loneliness, and enhance coping abilities. Strengthening natural social support and social capital also contributes significantly to psychological well-being, although their impact on physical health appears more limited. Individual interventions, such as psychoeducation and psychological therapy, have the potential to reduce symptoms of depression and anxiety; however, their effectiveness is enhanced when combined with social support and community-based interventions.

The findings of this review have important practical implications for healthcare services for older adults living with HIV. HIV care should integrate psychosocial components into routine healthcare services, including screening for depression, anxiety, and stigma, as well as the development of support programs involving peer support and age-friendly community services. A multidisciplinary approach involving healthcare providers, psychologists, and social workers is essential to address the comprehensive needs of older adults. At the policy level, these findings support the development of HIV services that focus not only on disease control but also on improving psychosocial well-being and overall quality of life. Although this review provides a comprehensive overview, interpretation of the findings should consider limitations such as heterogeneity in study designs, a limited number of included studies, and variations in cultural contexts and quality-of-life measurement tools. These limitations restrict the ability to draw broad conclusions and make strong inferences. Therefore, further research using longitudinal designs and standardized interventions is required.

Overall, the quality of life of older adults living with HIV can be understood as the result of a balance between disease-related stressors and protective factors. Contributing factors such as stigma, depression, anxiety, comorbid conditions, and antiretroviral therapy side effects play a role in reducing quality of life. In contrast, protective factors including social support, adaptive capacity, social capital, and community-based interventions help enhance resilience and improve well-being. This conclusion underscores that improving the quality of life of older adults living with HIV requires an integrated and sustained approach that simultaneously addresses medical and psychosocial dimensions.

4. CONCLUSION

The findings of this review indicate that the quality of life of older adults living with HIV is strongly influenced by psychosocial dynamics, particularly stigma, depression, anxiety, social support, and resilience, each of which contributes differently to their physical, mental, and social well-being. These findings emphasize that efforts to improve quality of life in this population cannot focus solely on medical aspects, but must incorporate comprehensive psychosocial strategies, including strengthening family and community support, enhancing coping capacity, and implementing interventions that promote social participation and resilience. This study provides a scientific basis indicating that community-based interventions and social capital represent potentially effective approaches for improving the well-being of older adults living with HIV and may be further developed within evidence-based healthcare programs. Although this review offers a comprehensive overview, further research is needed to systematically evaluate the effectiveness of psychosocial interventions and to identify additional factors that may contribute to improving the quality of life of older adults living with HIV across diverse cultural and social contexts.

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