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Research Paper

Coping Strategies Adopted by People Living with HIV: A Qualitative Study at ART Centres in Tripura

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ABSTRACT

People living with HIV (PLHIV) experience complex psychosocial challenges arising from chronic illness, social stigma, discrimination, and lifelong dependence on antiretroviral therapy (ART). Effective coping strategies are crucial in enabling individuals to manage emotional distress, maintain treatment adherence and sustain social functioning. This qualitative phenomenological study aimed to explore the coping strategies adopted by PLHIV attending selected ART centres in Tripura. Data were collected through in-depth, semi-structured interviews with 25–30 PLHIV and analyzed using thematic and narrative analysis. The findings revealed a wide range of coping strategies, categorized as problem-focused, emotion-focused, social, and avoidance coping. Adaptive strategies included acceptance of illness, medication adherence, spirituality and social support, while maladaptive strategies such as secrecy, social withdrawal and denial were also evident. The study underscores the importance of strengthening positive coping mechanisms through structured psychosocial interventions at ART centres to improve psychological well-being and long-term health outcomes among PLHIV.

Keywords: *HIV, Coping Strategies, Stigma, Qualitative Study, PLHIV*

Human Immunodeficiency Virus (HIV) continues to be a major global public health concern, particularly in low- and middle-income countries, despite remarkable advances in prevention, diagnosis, and treatment. The widespread availability of antiretroviral therapy (ART) has significantly reduced HIV-related morbidity and mortality, transforming HIV from a fatal disease into a chronic, manageable condition (UNAIDS, 2023). Individuals living with HIV are now able to achieve near-normal life expectancy provided they maintain lifelong adherence to treatment. However, biomedical progress alone has not eliminated the psychosocial challenges associated with HIV infection. People living with HIV (PLHIV) continue to experience complex stressors related to stigma, discrimination, fear of disclosure, financial instability, social exclusion and uncertainty about long-term health outcomes. In the Indian context, HIV is often embedded within socio-cultural narratives that associate the disease with moral deviance or socially unacceptable behavior. Such perceptions intensify stigma and negatively affect the psychological well-being of PLHIV (Bharat, 2011). Even in regions with functional ART services, individuals may hesitate to seek timely care or disclose their HIV status due to fear of rejection and

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discrimination from family members, employers and the wider community. These psychosocial stressors significantly influence treatment adherence, mental health and overall quality of life, making HIV not only a biomedical condition but also a profound social and psychological challenge.

Psychosocial Impact of HIV Diagnosis

Receiving an HIV diagnosis is frequently described as a life-altering event, often accompanied by intense emotional and psychological reactions. Initial responses commonly include shock, denial, fear of death, guilt, anger and feelings of helplessness (Sharma et al., 2018). For many individuals, the diagnosis disrupts their sense of identity, future aspirations, and interpersonal relationships. These emotional responses may persist long after diagnosis, especially in the absence of adequate psychological support. The psychosocial burden of HIV is further compounded by persistent stigma and misconceptions regarding HIV transmission. Despite increased awareness, myths and misinformation remain prevalent, leading to fear-based reactions within families and communities (Thomas et al., 2020). In many Indian settings, disclosure of HIV status is associated with social rejection, marital conflict, loss of employment, and reduced social participation. Consequently, PLHIV often resort to concealing their serostatus, which, while protecting them from overt discrimination, may increase emotional distress, loneliness and internalized stigma. Studies have shown that prolonged exposure to stigma is strongly associated with depression, anxiety, poor self-esteem and reduced engagement with healthcare services (Nyamathi et al., 2017).

Importance of Coping Strategies

Coping is defined as the cognitive and behavioral efforts employed by individuals to manage internal and external demands that are appraised as stressful or overwhelming (Lazarus & Folkman, 1984). Coping strategies play a central role in determining how individuals adapt to chronic illnesses such as HIV. These strategies influence psychological adjustment, treatment adherence, social functioning, and overall quality of life. Coping responses may be problem-focused, aimed at addressing the source of stress or emotion-focused, aimed at regulating emotional responses. Additionally, individuals may adopt social or avoidance-based coping mechanisms depending on personal, cultural and environmental factors.

For PLHIV, effective coping strategies are essential for managing the long-term demands of ART, dealing with stigma and maintaining hope and resilience. Adaptive coping strategies such as acceptance, positive reframing, social support, spirituality and active engagement with healthcare services have been associated with better mental health outcomes and improved adherence to treatment (Moskowitz et al., 2009). Conversely, maladaptive coping strategies such as denial, secrecy, substance use and social withdrawal may provide short-term relief but often lead to increased psychological distress and isolation over time. Understanding coping strategies within specific socio-cultural contexts is particularly important, as coping behaviors are shaped by cultural beliefs, social norms and available support systems. In regions such as Tripura, where cultural traditions, community structures, and access to mental health resources differ from metropolitan settings, context-specific insights are necessary. Exploring the lived experiences and coping mechanisms of PLHIV attending ART centres in Tripura can inform the development of culturally sensitive psychosocial interventions aimed at enhancing resilience, reducing stigma, and improving long-term health outcomes.

METHODOLOGY

Research Design

A phenomenological qualitative research design was employed to explore the lived experiences and coping strategies of people living with HIV (PLHIV). Phenomenology focuses on understanding how individuals perceive, experience, and interpret a phenomenon in their everyday lives, making it particularly suitable for exploring subjective experiences related to chronic illness and psychosocial adaptation (Creswell & Poth, 2018). This approach enabled the researchers to capture rich, in-depth narratives reflecting how PLHIV make sense of their diagnosis, manage emotional distress, and adopt coping mechanisms in response to social and health-related challenges. By emphasizing participants' own voices and meanings, the phenomenological design facilitated a nuanced understanding of coping processes that may not be adequately captured through quantitative methods.

Study Setting

The study was conducted at selected Antiretroviral Therapy (ART) centres in Tripura, a northeastern state of India with unique socio-cultural and geographic characteristics. ART centres serve as the primary point of care for PLHIV, providing free antiretroviral medication, routine clinical monitoring, and counseling services under the National AIDS Control Programme (NACO, 2022). These centres were considered appropriate settings for the study as they offer regular access to PLHIV from diverse backgrounds and facilitate rapport-building in a familiar healthcare environment. Conducting the study within ART centres also ensured that participants had sustained engagement with HIV care services, which is relevant for understanding long-term coping strategies.

Sample Size and Sampling Technique

A sample of 25–30 PLHIV was selected using non-probability convenience sampling. In qualitative research, sample size is determined by data saturation rather than statistical representation, with saturation occurring when no new themes or insights emerge from additional interviews (Guest et al., 2006). Participants were recruited based on their availability and willingness to participate during routine ART centre visits. Inclusion criteria included individuals aged 18 years and above, diagnosed with HIV for a minimum of six months, and able to communicate their experiences verbally. The six-month post-diagnosis criterion was applied to ensure that participants had sufficient time to process their diagnosis and develop coping responses. Individuals who were critically ill or unwilling to provide informed consent were excluded from the study.

Data Collection

Data were collected through in-depth semi-structured interviews, which are widely used in qualitative health research to explore personal experiences and perceptions in detail (Polit & Beck, 2021). An interview guide consisting of open-ended questions was developed based on existing literature and the study objectives. Questions focused on participants' experiences of HIV diagnosis, emotional responses, daily challenges, coping strategies, sources of support, and experiences of stigma. Interviews were conducted in the local language to ensure comfort and clarity, and each interview lasted approximately 30–45 minutes. With participants' informed consent, interviews were audio-recorded and later transcribed verbatim. Field notes were also maintained to capture non-verbal cues and contextual observations, thereby enhancing data richness and credibility.

Data Analysis

Data analysis was carried out using thematic and narrative analysis, following the six-phase framework proposed by Braun and Clarke (2006). Initially, transcripts were read repeatedly to achieve familiarization with the data. Meaningful units of text were then coded systematically, and similar codes were grouped into categories. These categories were further refined into major themes and sub-themes representing various coping strategies adopted by PLHIV. Narrative analysis complemented thematic analysis by preserving the continuity of participants' stories and highlighting the personal and social contexts influencing coping behaviors (Riessman, 2008). To ensure rigor, themes were reviewed and refined through constant comparison and interpretations were grounded in participants' verbatim statements. This analytic approach allowed for a comprehensive understanding of both shared patterns and individual variations in coping experiences.

RESULTS

The results of the study are presented in two main sections: socio-demographic characteristics of the participants and the coping strategies adopted by people living with HIV (PLHIV). Data obtained through in-depth interviews were analyzed thematically, leading to the identification of multiple coping mechanisms. Participants often used a combination of strategies depending on their personal circumstances, duration of illness and perceived social support.

Socio-Demographic Characteristics of Participants

Socio-demographic characteristics provide important contextual information that helps in understanding variations in coping behaviors among PLHIV. Factors such as age, gender, marital status and duration of HIV influence emotional adjustment, access to support and health-related decision-making. The distribution of these characteristics among the participants is presented in Table 1.

Table 1: Socio-Demographic Characteristics of Participants

Variable	**Category**	**Frequency**
Age	20–30 years	6
	31–40 years	12
	>40 years	9
Gender	Male	14
	Female	11
Marital Status	Married	18
	Single/Widowed	7
Duration of HIV	<5 years	13
	≥5 years	12

Most participants belonged to the 31–40 years age group, an economically and socially active phase of life, which often involves family and work-related responsibilities. The predominance of married participants highlights the role of family relationships in shaping coping strategies. Nearly half of the participants had been living with HIV for more than five years, indicating prolonged exposure to both health-related and social challenges that may influence the development of long-term coping mechanisms.

Identified Coping Strategies

Analysis of interview data revealed four broad categories of coping strategies: problem-focused coping, emotion-focused coping, social coping and avoidance or maladaptive coping. These strategies were not used in isolation; rather, participants reported employing multiple approaches simultaneously to manage stress associated with HIV.

Problem-Focused Coping Strategies

Problem-focused coping strategies reflected participants' active efforts to manage the practical and health-related challenges of living with HIV. These strategies are summarized in Table 2.

Table 2: Problem-Focused Coping Strategies

Strategy	Participant Response
ART adherence	"I never miss my medicines because I want to live for my children."
Regular hospital visits	"Coming to the ART centre gives me confidence."
Lifestyle modification	"I stopped alcohol and started eating healthy food."

Participants emphasized strict adherence to antiretroviral therapy as a primary coping mechanism, viewing medication as essential for survival and stability. Regular visits to ART centres provided reassurance, medical guidance and emotional confidence. Lifestyle changes such as avoiding alcohol and adopting healthier dietary practices were also reported, reflecting a proactive approach toward self-care and disease management.

Emotion-Focused Coping Strategies

Emotion-focused coping strategies were primarily used to regulate emotional distress and psychological reactions associated with HIV. These strategies are presented in Table 3.

Table 3: Emotion-Focused Coping Strategies

Strategy	Illustrative Quote
Acceptance	"I accepted HIV as part of my life."
Positive thinking	"I believe I can live normally with treatment."
Spirituality/prayer	"God gives me strength to face everything."

Acceptance of the illness emerged as a significant coping response, enabling participants to move beyond fear and denial. Positive thinking helped individuals maintain hope and confidence in leading a normal life. Spirituality and prayer played a central role in providing emotional comfort, strength and meaning, particularly during periods of psychological vulnerability.

Social Coping Strategies

Social coping strategies involved seeking support from interpersonal relationships and healthcare systems. Table 4 outlines the key sources of social support reported by participants.

Table 4: Social Coping Strategies

Source of Support	Description
Family support	Emotional and financial assistance
Peer support	Sharing experiences with other PLHIV
Healthcare providers	Trust in counselors and doctors

Family members were a crucial source of emotional reassurance and practical support, particularly among participants who had disclosed their HIV status. Peer support helped reduce feelings of isolation by allowing individuals to share experiences with others facing similar challenges. Trust in healthcare providers fostered confidence in treatment and encouraged continued engagement with care services.

Avoidance and Maladaptive Coping Strategies

Despite the presence of adaptive coping mechanisms, several participants reported avoidance-based coping strategies aimed at protecting themselves from stigma and discrimination. These strategies are detailed in Table 5.

Table 5: Avoidance and Maladaptive Coping Strategies

Strategy	Impact
Non-disclosure	Prevents stigma but increases loneliness
Social withdrawal	Reduced social interaction
Denial	Delayed emotional adjustment

Non-disclosure of HIV status was commonly adopted to avoid social rejection; however, it often resulted in emotional isolation and limited access to support. Social withdrawal further reduced interpersonal engagement, while denial delayed psychological adjustment to the illness. Although these strategies provided temporary relief, they frequently contributed to long-term emotional distress.

DISCUSSION

The present qualitative study provides valuable insights into the coping strategies adopted by people living with HIV (PLHIV) attending ART centres in Tripura. The findings reveal that PLHIV employ a complex combination of adaptive and maladaptive coping strategies to manage the multifaceted psychosocial challenges associated with HIV. These strategies are shaped by individual experiences, socio-cultural contexts, perceived stigma, and access to social and healthcare support systems. The results are largely consistent with existing national and international literature, reinforcing the relevance of coping processes in determining psychological well-being and treatment outcomes among PLHIV. Problem-focused coping strategies, particularly adherence to antiretroviral therapy, regular hospital visits, and lifestyle modifications, emerged as prominent adaptive responses. Participants viewed ART adherence as essential for survival, family responsibility, and maintaining normalcy in daily life. Similar findings have been reported in previous studies, which indicate that problem-focused coping is strongly associated with improved clinical outcomes, viral suppression, and enhanced quality of life (Moskowitz et al., 2009; Nyamathi et al., 2017). Regular engagement with healthcare services not only supports physical health but also provides emotional reassurance and a sense of control over the illness. The proactive adoption of healthier lifestyles further reflects acceptance of HIV as a manageable chronic condition rather than a terminal disease. Emotion-focused coping strategies, such as acceptance, positive thinking, and spirituality, played a significant role in helping participants manage emotional distress. Acceptance of HIV status enabled individuals to move beyond initial shock and fear, facilitating psychological adjustment and engagement with care. Positive cognitive reframing helped participants maintain hope and optimism regarding their future. Spirituality and prayer were particularly salient coping mechanisms, providing emotional comfort, inner strength, and meaning during periods of uncertainty. These findings are consistent with studies conducted in Indian and other culturally rooted societies, where spiritual beliefs are deeply integrated into daily life and serve as important psychological resources for coping with chronic illness (Sharma et al., 2018; Thomas et al., 2020). Emotion-focused coping is especially relevant in contexts where external stressors such as stigma and discrimination are difficult to control.

Social coping strategies, including support from family members, peers, and healthcare providers, were identified as crucial protective factors. Participants who received emotional and financial support from family reported better emotional resilience and greater confidence in managing their illness. Peer support from other PLHIV helped normalize experiences and reduced feelings of isolation, while trust in healthcare providers fostered sustained engagement with ART services. These findings align with earlier research demonstrating that social support is associated with lower levels of depression, improved treatment adherence, and better psychosocial outcomes among PLHIV (Nyamathi et al., 2017; Polit & Beck, 2021). However, access to social support was often mediated by disclosure decisions, highlighting the delicate balance between seeking support and avoiding stigma. Despite the presence of adaptive coping mechanisms, avoidance and maladaptive coping strategies such as secrecy, non-disclosure, social withdrawal, and denial were also prevalent. Non-disclosure of HIV status was commonly adopted as a means of self-protection against stigma and discrimination. While secrecy helped participants avoid immediate social rejection, it often resulted in emotional isolation, loneliness, and reduced access to support networks. Similar patterns have been widely documented in Indian and global studies, underscoring the persistent influence of HIV-related stigma on coping behaviors (Bharat, 2011; Thomas et al., 2020). Prolonged reliance on avoidance coping has been associated with increased psychological distress, delayed emotional adjustment, and poorer mental health outcomes (Moskowitz et al., 2009). Overall, the findings highlight that coping among PLHIV is dynamic and context-dependent, involving a continuous negotiation between managing health-related demands and navigating social realities shaped by stigma. The coexistence of adaptive and maladaptive coping strategies underscores the need for comprehensive psychosocial interventions at ART centres. Counseling services should focus on strengthening positive coping mechanisms such as acceptance, problem-solving, and social support, while also addressing maladaptive strategies through stigma reduction, disclosure counseling and mental health support. Such interventions are essential for promoting long-term psychological well-being and improving overall quality of life among PLHIV.

CONCLUSION

The present qualitative study provides an in-depth understanding of the coping strategies adopted by people living with HIV attending selected ART centres in Tripura. The findings reveal that PLHIV employ a diverse range of coping mechanisms to manage the psychosocial challenges associated with HIV, including problem-focused, emotion-focused, social and avoidance-based strategies. Adaptive coping strategies such as adherence to antiretroviral therapy, acceptance of illness, positive thinking, spirituality and utilization of social support play a crucial role in promoting psychological resilience and facilitating long-term adjustment to living with HIV. At the same time, the study highlights the continued reliance on maladaptive coping strategies, particularly secrecy, non-disclosure, social withdrawal, and denial, primarily driven by fear of stigma and discrimination. While these strategies may offer temporary protection from social harm, they often contribute to emotional isolation and increased psychological distress over time. The coexistence of adaptive and maladaptive coping responses underscores the complex and context-dependent nature of coping among PLHIV.

The findings emphasize the need for holistic, person-centered care at ART centres that extends beyond biomedical management to include psychosocial support. Healthcare professionals should proactively assess coping patterns, provide structured counseling, strengthen peer support networks, and promote safe disclosure practices. Addressing stigma through community awareness and integrating mental health services within HIV care are essential for enhancing the overall well-being and quality of life of PLHIV. Strengthening positive coping mechanisms and reducing maladaptive responses can contribute significantly to improved psychological health, sustained treatment adherence, and better long-term outcomes for people living with HIV.

REFERENCES

Bharat, S. (2011). A systematic review of HIV/AIDS-related stigma and discrimination in India. AIDS Care, 23(12), 1547–1563.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). Thousand Oaks, CA: Sage Publications.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. Field Methods, 18(1), 59–82.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer Publishing Company.

Moskowitz, J. T., et al. (2009). Coping and psychological adjustment among people living with HIV. *AIDS and Behavior*, 13(3), 494–504.

NACO. (2022). National AIDS Control Programme Phase V: Strategy document. New Delhi: National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India.

Nyamathi, A., et al. (2017). Correlates of coping strategies among HIV-positive adults. *Journal of the Association of Nurses in AIDS Care*, 28(1), 87–99.

Polit, D. F., & Beck, C. T. (2021). Nursing research: Generating and assessing evidence for nursing practice (11th ed.). Philadelphia: Wolters Kluwer.

Riessman, C. K. (2008). Narrative methods for the human sciences. Thousand Oaks, CA: Sage Publications.

Sharma, M., et al. (2018). Psychological distress among people living with HIV in India. *Indian Journal of Community Medicine*, 43(2), 96–101.

Thomas, B. E., et al. (2020). HIV stigma and discrimination in India: Evidence from people living with HIV. BMC Public Health, 20, 1–10.

UNAIDS. (2023). *Global HIV & AIDS statistics – Fact sheet*. Geneva: UNAIDS.

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Conflict of Interest
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