



Vol. 12(1), Pp. 9-17, January 2025,

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<https://journals.directresearchpublisher.org/index.php/drjhp/issue/archive>

Review Article
ISSN: 2449-0814

Navigating Daily Life, Coping Mechanism of HIV Patients

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ABSTRACT

Living with HIV presents numerous psychological and emotional challenges that significantly affect the well-being of individuals. These challenges stem not only from the physical symptoms and side effects of antiretroviral therapy but also from critical psychosocial factors such as stigma, depression, anxiety, stress, and loneliness. Stigma remains a central issue, as prejudice and moral judgment exacerbate mental health problems and hinder help-seeking behaviors. This study aimed to identify the psychological and emotional difficulties faced by individuals with HIV/AIDS, assess their coping mechanisms—particularly those related to emotional processing and support-seeking—and evaluate the role of social support systems, including family, friends, and community organizations, in improving mental health outcomes. A systematic review of peer-reviewed articles published between 2019 and 2024 was conducted using databases such as PubMed, Google Scholar, and Scopus. The findings revealed a high prevalence of psychological distress among people living with HIV, with stigma being a major contributing factor to isolation, anxiety, and depression. Effective coping strategies, including family support, participation in support groups, and personal emotional regulation, were identified as critical to improving mental health. The study underscores the importance of reducing stigma, fostering social support networks, and promoting adaptive coping strategies to enhance the psychological well-being of individuals living with HIV.

Keywords: HIV, psychological problems, psychological difficulties, stigma, coping, social support, mental health, HIV patients, loneliness

Article information

Received 8 January 2025;

Accepted 20 January 2025;

Published 3 January 2025

DOI: <https://doi.org/10.26765/DRJHP682010456>

Citation: Eitokpah, O., and Bassey, I. E. (2025). Navigating Daily Life, Coping Mechanism of HIV Patients. Direct Research Journal of Health and Pharmacology Vol. 12(1), Pp. 9-17. This article is published under the terms of the Creative Commons Attribution License 4.0.

INTRODUCTION

HIV remains a major global public health issue despite the improvements in ART that have changed HIV from a terminal disease to a chronic disease. Although ART has resulted into increased life expectancy and quality of life and living among HIV patients, psychological and emotional aspects of living with the virus embrace compelling concerns. The problems experienced by people with HIV are diverse and are more often than not

are a combination of physical and psychological challenges. The medical aspects of HIV negative treatment center on virus suppression and there is little to no consideration for the effects of stigma, discrimination, and social isolation despite these being major factors that hugely affect quality of life (Levy et al., 2019; Kavanagh et al., 2020). Thus the stigma attributable to the HIV disease involves more of the psychological as well as the emotional

ramifications of the illness. HIV positive people continue to suffer from anxiety, depression and fear because of the stigma, disclosure and other social factors surrounding the virus (Rueda et al., 2021). The HIV/AIDS still carries much social stigma with people being afraid of rejection from their families, health care practitioners or from the society in general (Karakus et al., 2020). This stigma aggravates mental health problems as well as reduces the likelihood of people with a diagnosis to get the necessary help or treatment, which adds to challenges HIV patients encounter every day (Mahajan et al., 2022).

This paper examines the importance of stress and coping strategies that persons living with HIV have apply to address their problems. Coping strategies were described as the cognitive and behavioral functions that are enacted by an individual to manage the high demands of the stressful situation – such chronic disease. A number of studies has shown that there are different coping mechanisms that HIV patients employ and these can be categorized as either healthy or unhealthy. Positive aspects of adapting and coping skills including taking medications for HIV, attending to or seeking for support from other people, and practicing other good habits of exercising all have been established to enhance both psychological and physical well-being HIV individuals (Moore et al., 2021; Golder et al., 2023). Conversely, poor coping styles like avoidance, substance use, or denial maybe detrimental to treatment engagement and increase the psychological toll (Shannon et al., 2022; Johnson et al., 2023).

Human networks or support systems therefore have a critical input in determination of coping mechanisms. Significant other's such as family and friends, care givers, doctors and support groups are instrumental in assisting people with HIV/AIDS go through the social-psychological aspect of the infections (Mugwanya et al., 2021; Pérez-Cruz et al., 2024). Evaluation of social support has been proven to uniquely predict better mental health statuses, good adherence to ART, and overall improved quality of life among persons living with HIV (Cohen & Wills, 2021). On the other hand, the absence of strengthening networks works towards making a person loneliness and also cause more danger to mental health problems such as, depression and anxiety (Kumar et al., 2022).

The purpose of this review is to understand the psychological and emotional experiences of HIV positive persons, the way they manage these experiences, and the part of social support in this process. In this way, the study aims to provide insight into the factors that may be useful in designing interventions to increase the quality of life of HIV positive patients and their ability to function in everyday life.

Problem statement

HIV is still a major public health issue worldwide even

though there has been great medical progress that has turned HIV into a chronic disease. WHO (2023) estimates that 38 million people globally are living with HIV/AIDS and new infections are estimated at 1.5 million each year. This notwithstanding, though ART has greatly enhanced both lifespan and survival rate, HIV remains a social-psychosocial disease in that the psychological, emotional, and social impacts of living with the virus are still grossly unaddressed both in clinical and public health approaches. Currently, low- and middle-income countries are most affected by HIV; many people cannot receive ART and other necessary medical care (UNAIDS, 2022). In these regions HIV persists as a socially shameful and taboo illness and infected people encounter social marginalization and stigma and the psychological burden of concealing their status. This social prejudice worsens the mental health costs of people experiencing it and interferes with their functioning in everyday life (Stangl et al., 2019). Stigma is a major barrier to timely access to care, non-adherence to medications, and reduced quality of life which all affect the efficacy of treatment (Peltzer et al., 2021).

At the individual level HIV patients have to do everything in their power to manage the mental and psychological aspects of the disease that it brings into the lives of the affected persons. Such strategies or techniques of coping—, healthy or unhealthy are important in dealing with the physical and psychological aspects of HIV. While some cope using adaptive coping mechanisms like searching for social support or adherence to ART there are those that or use maladaptive coping like denial, avoidance or use of substances (Hassett et al., 2020). All these coping mechanisms are shaped by internal and external resources such as personal and familial coping ability and community perception of HIV.

While much research has focused on the medical and healthcare implications of HIV, little is known about how people with HIV manage the other, non-health-related aspects of the disease. In order to change the current state of affairs and translate HIV diagnoses into improved quality of psychological and emotional condition as well as social adjustment, the optimum regular care must address all these psychological, emotional, and social dimensions. Consequently, evidence of these coping strategies may not be well understood by public health and clinical practice endeavors intending to adequately address the mental and emotional health needs for PLWHIV. This study aims to address this gap by reviewing the literature on coping strategies of HIV patients and how: social support and psychological resilience is used by them in their everyday practices.

METHODOLOGY

This paper aimed at reviewing literature on coping strategies of people with HIV/AIDS with emphasis on

psychological, emotional, and social aspects of the disease. The review was intended to systematically compile the current studies, articles, and empirical research published between 2019 and 2024. An extensive search of the PubMed, Scopus, Google Scholar, and JSTOR databases was performed to find only the articles, clinical studies, and systematic reviews that focused on coping strategies and mental health of HIV patients. The search terms included coping strategies, HIV, psychosocial issues, social support, and HIV related stigma.

Papers were included according to their relevance to the topic, methodological quality, and type of evidence. The studies that were not relevant to the coping mechanisms of HIV patients, psychological aspects, and the influence of social support were not included into the analysis, as well as the works that did not correspond to the 2019-2024-time frame. The selected studies were critically evaluated in order to determine the general coping mechanisms, the psychological effects of HIV/AIDS and the effects of factors like stigma and social support. The data was then integrated to identify trends, research voids, and new directions in the literature to gain an appreciation of how people with HIV lived their daily lives and coped with the psychological burden of the illness.

Objectives

- (i) To identify the psychological and emotional challenges faced by individuals living with HIV.
- (ii) To examine coping strategies employed by HIV patients to manage their condition.
- (iii) To assess the role of social support networks in the coping process of HIV patients.

RESULTS AND DISCUSSION

The psychological and emotional challenges faced by individuals living with HIV

People with HIV have many psychological and emotional problems that affect their quality of life. These are not only about the manifestation of HIV, but also mental health problems that are very much associated with the physical signs of HIV such as stigma, depression, anxiety, stress and social isolation. These factors have been pointed out in a review of studies published between 2019 and 2024, which all speak to the psychological aspects of HIV.

HIV-Related Stigma and Social Isolation

Perceived stigma is one of the most severe psychological concerns for people with HIV. The prejudice arising from HIV is based on misconceptions about the disease, moral judgments and linkage with such practices as drug use and multiple sex partner.

Instead, they end up being stigmatized, they miss the support of their neighbors, friends and family members, they get emotional, they provide themselves with the fact that they cannot seek help or talk about the fact that they are HIV positive (Table 1). In the (Table 1), all the studies indicated high level of HIV stigma that leads to emotional issues like anxiety and depression. Stigma-related disclosure concern is another major emotional concern for many people. Ayenew et al. (2022) noted that the fear of disclosure to family, friends, and employers as a major source of emotional distress among HIV patients in sub-Saharan Africa because of loneliness and rejection.

Depression and Anxiety

Anxiety and depression are some of the most recognized psychological diseases in HIV positive persons. Several researches have been conducted to determine the level of these mental health disorders in HIV patients and the results show that majority of the patients have one or more mental health disorders. This is because living with a chronic illness such as HIV together with the social isolation that comes with it will lead to development of depression and anxiety (Table 2). The data presented in (Table 2) highlights the prevalence of depression and anxiety among individuals living with HIV, with variations observed across different regions. Research indicates that a significant proportion of HIV-positive patients receive clinical diagnoses of these mental health conditions, which they identify as critical contributors to their overall emotional well-being (Nguyen et al., 2020; Rueda et al., 2021). These psychological challenges not only exacerbate the difficulties associated with living with HIV but also have the potential to hinder treatment adherence and negatively impact overall quality of life. Addressing these mental health concerns is therefore essential for improving both the emotional and physical outcomes for individuals affected by HIV.

Stress and Coping with the Chronic Nature of HIV

Many people with HIV live with a chronic condition, and therefore, they will live with chronic stress. The personal day-to-day tasks associated with the disease; that is doctor visits, taking medications daily, and overall manifestations of the virus can cause chronic tension. Specifically, the stress is caused by the concern about the worsening of the disease or the appearance of other diseases simultaneously. Table 3 highlights that stress related to the chronic nature of HIV is a significant concern among patients across various regions. This finding aligns with observations by Barker et al. (2020), who reported that the majority of HIV patients in the United States experience elevated levels of chronic stress, primarily linked to antiretroviral therapy (ART) and concerns about their overall health. Similarly, Stangl et al. (2019) observed

Table 1: HIV-Related Stigma and Social Isolation

Study	Sample Size	Region	Key Findings
Sweeney et al. (2021)	500	Global	72% of HIV patients reported experiencing stigma, with 56% experiencing discrimination in healthcare.
Ayenuw et al. (2022)	300	Sub-Saharan Africa	Fear of disclosure was a major cause of anxiety, contributing to social isolation and depression.
Peltzer et al. (2021)	450	South Africa	HIV-related stigma negatively affected social relationships and treatment adherence.

Table 2: Anxiety and depression.

Study	Sample Size	Region	Key Findings
Nguyen et al. (2020)	450	Southeast Asia	43% of HIV patients experienced clinical depression, with 38% reporting anxiety.
Rueda et al. (2021)	800	North America	35% of HIV patients reported symptoms of moderate to severe depression; 30% reported anxiety.
Hassett et al. (2020)	550	Europe	47% of patients experienced depression, with 40% reporting elevated levels of anxiety.

Table 3: Stress and Coping with the Chronic Nature of HIV.

Study	Sample Size	Region	Key Findings
Barker et al. (2020)	600	United States	Chronic stress was reported by 60% of HIV patients, with significant correlations to ART adherence.
Stangl et al. (2019)	300	South Africa	50% of HIV patients reported stress related to treatment adherence and fear of disease progression.
Wright & Harris (2023)	700	Global	65% of HIV patients experienced stress related to social stigma and healthcare barriers.

Table 4: Fear of Disclosure and its Psychological Impact.

Study	Sample Size	Region	Key Findings
Johnson & Andrews (2022)	400	Nigeria	55% of HIV patients did not disclose their status due to fear of rejection, leading to anxiety.
Mahajan et al. (2020)	350	India	48% of participants reported anxiety related to non-disclosure, affecting their mental health.
Peltzer et al. (2021)	450	South Africa	Fear of disclosure was linked to higher levels of depression and social withdrawal.

that a substantial proportion of patients in South Africa experience stress driven by fears of disease progression, a recurring theme evident across multiple studies. These findings underscore the pervasive psychological burden faced by individuals living with HIV, necessitating comprehensive support mechanisms to address their mental and emotional well-being.

Fear of Disclosure and its Psychological Impact

The feeling of being able to share one's HIV status with other people is still a major psychological issue. This fear results to stress such as anxiety and depression since there are always a possibility of rejection or discrimination. Looking at the fear of disclosure, these are multifold when HIV is even highly stigmatized thus forcing people with this disease to seclude themselves making the feelings worsen (Table 4). The psychological and emotional challenges faced by individuals living with HIV are multifaceted, with fear of disclosure playing a significant role in contributing to anxiety and depression, as highlighted in (Table 4). This fear, often rooted in concerns about rejection and discrimination, as discussed by Johnson & Andrews (2022), can lead to social isolation, emotional distress, and reluctance to seek necessary support.

The literature indicates that stigma, depression, anxiety, chronic stress, and fear of disclosure are common burdens that negatively impact treatment adherence, social functioning, and overall quality of life for people living with HIV. Furthermore, individuals experiencing high levels of stigma and discrimination are at a greater risk of developing mental health issues and are less likely to seek treatment or disclose their HIV status. Addressing these psychological challenges requires targeted interventions, including tailored counseling programs, anti-stigma campaigns, and comprehensive support systems aimed at improving the mental health and well-being of those affected by HIV.

Coping strategies employed by HIV patients to manage their condition

An important aspect of HIV patients is the use of coping mechanisms that help patients psychologically and emotionally treat the illness. Coping refers to the thinking, feeling, and doing strategies that people employ in order to manage stressors, including the receipt of a chronic disease diagnosis and the social ostracism that is sometimes linked to HIV. Coping strategies can be broadly classified as either positive or constructive (adaptive) and

Table 5: Adaptive Coping Strategies.

Study	Sample Size	Region	Key Findings
Chan et al. (2021)	600	Southeast Asia	Social support networks were associated with improved emotional health and adherence to ART.
Turner et al. (2020)	450	United States	Peer support groups reduced stigma and improved mental health outcomes among HIV patients.
Peltzer et al. (2021)	400	South Africa	Family support significantly improved HIV patients' adherence to treatment and reduced isolation.

Table 6: Medication Adherence and Self-Care.

Study	Sample Size	Region	Key Findings
Clarke et al. (2023)	500	North America	ART adherence improved mental health and decreased symptoms of anxiety and depression.
Nguyen et al. (2022)	350	Vietnam	Patients who followed self-care practices reported better quality of life and improved ART adherence.

negative or destructive (maladaptive). Coping style is thus a critical determinant of the psychological and physical health of HIV patients as well as the degree to which they are able to live a normal life while on treatment.

Adaptive Coping Strategies

Maladaptive coping strategies refer to ineffective and often detrimental methods employed by HIV patients to manage stress, emotions, and the challenges associated with their condition. Contrary to adaptive approaches, which include seeking support from others, engaging in health-promoting activities, and adhering to prescribed treatment regimens, maladaptive strategies can undermine both physical and emotional well-being. Recognizing and addressing these negative coping mechanisms is essential for improving the overall quality of life and health outcomes for individuals living with HIV (Table 5).

Social Support Networks

Research consistently highlights the critical role of social support as a positive coping mechanism for individuals living with HIV. Studies, including those by Chowdhury et al. (2020) and Wright et al. (2023), emphasize that support from family, friends, and peer groups significantly enhances mental health and coping strategies. Social support not only reduces feelings of loneliness but also contributes to effective disease management. For instance, Chan et al. (2021) found a positive correlation between strong family bonds or participation in peer support groups and improved treatment adherence, emotional well-being, and reduced levels of depression and anxiety among HIV patients. Both formal support systems, such as structured groups, and informal networks, like close relationships with family and friends, play a crucial role in managing the emotional and physical challenges associated with HIV. Additionally, patients who reported receiving more instrumental support demonstrated better coping abilities and improved health outcomes, as evidenced in (Table 5) of the referenced

study.

Medication Adherence and Self-Care

Adherence to antiretroviral therapy (ART) regimens is a critical adaptive strategy for individuals managing their health, as it ensures viral load suppression and fosters a sense of control over one's condition. Maintaining strict compliance with ART, coupled with adopting a healthy lifestyle—such as consuming a balanced diet, engaging in regular physical activity, and effectively managing stress—has been linked to improved mental health outcomes and a positive outlook on life (Nguyen et al., 2022; Clarke et al., 2023). Additionally, routine health check-ups and establishing a structured routine for ART administration contribute to enhanced physical and psychological well-being. These practices collectively help individuals regain a sense of stability and security in their lives, further promoting overall resilience and quality of life (Table 6).

Resilience and Acceptance

Maintaining the orientation toward positive aspects of the new circumstances; recovering after a severe experience; and recognizing HIV as a process and a part of one's life are the key part of adaptive coping. For instance, research has shown that people that are optimistically inclined, and who accept their HIV positive status are more likely to self-care (Carver et al., 2019). Smith et al., (2021) found out that patients' perception that they can manage their illness, and have hope for the future means that such patients are likely to adhere to ART and engage in healthy activities.

Maladaptive Coping Strategies

On the other hand, there are adaptive approaches to coping that invariably promotes improvement in emotional and psychological well-being, and on the other hand maladaptive coping strategies that tend to worsen stress and directly lead to poor health. Non adaptive coping strategies may include denial, avoidance, and substance

Table 7: Denial and Avoidance.

Study	Sample Size	Region	Key Findings
Lee et al. (2020)	300	South Korea	Denial was linked to lower treatment adherence and higher levels of psychological distress.
Arnett et al. (2021)	450	United States	Avoidant coping strategies were associated with higher levels of HIV-related anxiety and stress.

Table 8: Substance Abuse.

Study	Sample Size	Region	Key Findings
Brown et al. (2021)	600	North America	Substance abuse negatively impacted ART adherence and exacerbated mental health conditions.
Patterson et al. (2020)	350	South Africa	HIV patients with substance abuse issues were less likely to maintain regular medical appointments.

use or treatment non adherence.

Denial and Avoidance

Research indicates that maladaptive coping mechanisms, such as denial and avoidance, are prevalent among some HIV patients and can have detrimental effects on their health outcomes. These behaviors often result in delayed medical consultation or poor adherence to antiretroviral therapy (ART) regimens. Lee et al. (2020) highlight that individuals who deny their diagnosis are at heightened risk of experiencing depression and anxiety, as their reluctance to acknowledge their condition prevents them from seeking necessary treatment and support (Table 7).

Substance Abuse

Another form of mental-emotional manifestation that is often revealed in patients with HIV is substance abuse as a second type of unhealthy coping behaviors. In some people, taking alcohol or recreational drugs can act as a way to 'numb' the painful feeling that comes with the HIV positive status. Nevertheless, it is a known fact that the use of substances affects the adherence of patients to their treatment regimen, increases the risk taking behavior – including risky sexual behavior, and worsens pre-existing mental health problems such as depression and anxiety (Patterson et al. 2020). Brown et al. (2021) found that substance use results in poor ART adherence and increased risk of HIV transmission (Table 8).

Combined Coping Strategies

Certain HIV patients use both healthy and unhealthy ways of coping depending with the situation or stage of the disease. For example, a patient who at the first stage may deny the HIV/AIDS status or avoid thinking about it, may, at the next stage, seek support from friends or family or adhere to ART. In particular, the theoretical approach to HIV crisis management that concerns preventive counseling, CBT, and supportive groups is effective in improving coping results in patients with HIV (Rosenstock et al., 2023). The ways that people with HIV use to deal with the problem are numerous and are very important in

the process of the disease's treatment, both psychological and physical. PS: The following coping and coping styles: social support, adherence to ART and developing coping mastery and resilience will greatly enhance the quality of life and mental health. However, unhealthy coping strategies such as denial, avoidance behaviour and substance use could interfere with compliance with the treatment regimen and exacerbate subjective psychological symptoms. It is important for healthcare providers to understand these coping mechanisms to be better able to approach patients based on the promotions of interventions that will help patients deal with the complicated emotional and psychological aspects of HIV.

The role of social support networks in the coping process of HIC patients

It was also established that social support is an essential factor in coping among people with HIV. The problem with chronic illnesses including HIV is not just the medical aspect but the psychological aspect as well. Across the studies, family and friends, healthcare providers, and peer support have all been associated with clients' improved psychological health, treatment compliance and improved quality of life in persons living with HIV. : This section aims at identifying the different kinds of social support as well as their coping roles to HIV positive clients.

Emotional Support

Cognitive social support may be defined as the kind of support that enables people to manage the mental health issues of HIV and emotional support may be considered as the most important. It encompasses being cared for, encouraged and supported by members of the individuals close family, friends or medical practitioners. Counseling has been found to alleviate loneliness, anxiety and depression in patients with HIV. The study by Beck et al. (2021) also indicate that, human living with HIV but with strong emotional support from their family and friends had lower risk of severe depression and anxiety (Table 9). This emotional reassurance helps to create a feeling of togetherness which is very important as far as one's feelings are concerned.

Table 9: Emotional Support.

Study	Sample Size	Region	Key Findings
Beck et al. (2021)	550	North America	Strong emotional support from family and friends significantly lowered rates of depression and anxiety.
Miller et al. (2022)	400	Sub-Saharan Africa	Emotional support reduced HIV-related stress, contributing to better mental health outcomes.

Table 10: Instrumental Support.

Study	Sample Size	Region	Key Findings
Wright & Harris (2020)	600	Global	Instrumental support (e.g., help with transportation, medication costs) was associated with better ART adherence.
Singh et al. (2021)	350	India	Access to instrumental support significantly improved medication adherence and quality of life for HIV patients.

Table 11: Peer Support Networks.

Study	Sample Size	Region	Key Findings
Hughes et al. (2022)	300	North America	Peer support groups improved coping skills and reduced feelings of isolation in individuals living with HIV.
Garcia et al. (2021)	250	Latin America	HIV peer groups increased treatment adherence and emotional resilience.

Table 12: Healthcare Provider Support.

Study	Sample Size	Region	Key Findings
Nguyen et al. (2021)	500	Global	Positive relationships with healthcare providers improved ART adherence and psychological well-being.
Johnson et al. (2020)	450	North America	Healthcare provider emotional support reduced stress and facilitated better HIV management.

Instrumental Support

Positive companionship encompasses three key subcategories: emotional support, informational support, and instrumental support. Instrumental support refers to practical assistance, such as providing transportation to medical appointments, offering financial aid for medication, or helping with household tasks. This form of support is particularly critical for individuals living with HIV, as they may experience complications from the disease or face financial barriers to accessing necessary treatment. Research by Wright and Harris (2020) highlights that consistent instrumental support from family members and community organizations significantly enhances patients' access to medical care, improves health outcomes, and promotes adherence to antiretroviral therapy (ART). To many people with HIV, instrumental support can be a great deal of help. It does more than afford better access to medical attention and lessens the functional concerns that may take a toll on mental health.

Peer Support Networks

Self-help groups for individuals living with HIV have become a significant resource for coping and emotional support over the years. These groups provide a safe and inclusive environment where members can share their experiences, seek comfort, and receive practical advice from peers who face similar challenges. Peer-based HIV support networks are particularly valuable for individuals who experience social isolation or discrimination due to the stigma associated with the virus. According to Hughes et

al. (2022), participation in HIV/AIDS-specific support groups has been linked to measurable improvements in psychological well-being and coping mechanisms, as highlighted in their findings (Table 11). Support groups that involve having people with HIV illness help the patients understand best practices in self-care, treatment, and mental health. This sort of experience assists in breaking the isolation relating to HIV and creates a sense of community.

Healthcare Provider Support

Doctors, nurses, and other mental health care givers are some of the most important people in the coping process. This research reveals that HIV patients can benefit greatly for supportive healthcare givers who can provide them with both medical and psychological services. Building a trusting relationship between patients and the health practitioners has been associated with enhanced compliance with ART, improved health and psychologically wellbeing (Johnson et al., 2020). In another study that was conducted by Nguyen et al., (2021) established that those HIV Patients who used to seek counseling and emotional support from the professional caregivers were more complied as well who expressed higher emotional well-being (Table 12).

Conclusion

This review has also brought out the psychological and

emotional issues that HIV positive people experience, and how they deal with them. It also indicated that perceived stigma continues to be one of the most burdensome psychosocial impacts of HIV, which results into social isolation, and anxiety, depression, and treatment non-adherence due to HIV diagnosis. Apart from stigma, depression and anxiety are common among HIV patients which makes the mental health and general wellbeing of patients with the virus worse off.

The review also details how such consequences affect the socio-emotional and psychological health of HIV positive clients and the need to employ flexibility in the coping strategies that patients invent in their everyday struggles to live productive lives. Adaptive coping strategies found include use of social support, compliance to ART and self-care. Therefore, the study identified social support as an essential predictor of stress, loneliness, as well as patient's mental and physical health among HIV patients. These interactions include support from the members of the family and friends, as well as support from the peer support group they form, to ensure that they are emotionally supported as well as to help them manage their diseases adequately and adhere well to the required treatments.

However, the difficulties remain considerable in the case of many HIV patients in using these coping strategies, although the latter are quite successful in some ways, especially where the stigmatization and discrimination of people with AIDS are not as severe. These results suggest restrictions, but present an urgent need on integrated approaches that go beyond medical model of HIV care by targeting psychosocial dimensions related to coping, mental health, and adherence processes.

In the future, relevant stakeholders including the health care practitioners, policymakers, and other organizations in the community should ensure that mental health services as well as social support services should be incorporated in HIV care services. Overall, paying emphasis to supportive family and community surroundings, people infected with HIV will have less psychological reactions to the disease and can elaborate personal perspectives to the difficulties, which may concern their quality of life. More studies on the effects of social support and coping resources on other health outcomes in people's long-term perspective are important for designing better prevention and treatment approaches and interventions.

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