

A Study To Assess Adopted Coping Strategies Among HIV/AIDS Affected Patients Visiting At Anti Retroviral Therapy Centre SMS Hospital Jaipur

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ABSTRACT

The present study was conducted to assess the adopted coping strategies among HIV/AIDS affected patients visiting the Antiretroviral Therapy Centre, SMS Hospital, Jaipur, Rajasthan. HIV/AIDS is a chronic health condition that affects not only the physical health of patients but also their psychological, social, emotional, and economic wellbeing. Coping strategies play an important role in helping patients adjust to the illness, continue treatment, manage stigma, and maintain quality of life.

The objectives of the study were to assess the adopted coping strategies among HIV/AIDS affected patients and to find the association between adopted coping strategies and selected socio-demographic variables. A quantitative research approach with descriptive research design was adopted for the study. The sample consisted of 60 HIV/AIDS affected patients selected through convenient sampling technique from the ART Centre, SMS Hospital, Jaipur. The research variable was adopted coping strategies, and the demographic variables included age, gender, type of family, marital status, education, occupation, and monthly income.

Data were collected using a demographic variable tool and the Modified C. S. Carver COPE Inventory Scale. The reliability of the tool was established by Cronbach's alpha method, and the reliability coefficient was found to be 0.85, indicating that the tool was reliable. The findings showed that the majority of patients were aged 36–45 years, male, married, from joint families, educated up to secondary level, unemployed or self-employed, and belonged to the income group of ₹10,001–₹20,000 per month.

Regarding coping strategies, 48 patients (80%) had moderately adopted coping strategies, 9 patients (15%) had mildly adopted coping strategies, and only 3 patients (5%) had strongly adopted coping strategies. The mean coping score was 72.45, with a mean percentage of 60.43%, indicating a moderate level of coping. The study concluded that HIV/AIDS affected patients require continuous counselling, emotional support, family involvement, and psychosocial care to strengthen effective coping strategies.

Keywords: HIV/AIDS, ART Centre, Coping Strategies, Psychosocial Support, Antiretroviral Therapy.

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INTRODUCTION

Human immunodeficiency virus/acquired immunodeficiency syndrome remains an important chronic public health condition, despite major advances in antiretroviral therapy. Globally, an estimated 40.8 million people were living with HIV in 2024, and 31.6 million people were receiving antiretroviral therapy, showing that HIV has increasingly become a long-term manageable condition rather than an acute fatal illness.[1] In India, more than 2.5 million people are living with HIV, with adult HIV prevalence reported at

0.2%; free lifelong treatment is provided through ART centres under the National AIDS Control Programme.[2]

Although ART improves survival and reduces disease progression, people living with HIV/AIDS continue to experience psychological, social, and emotional challenges. These include fear of disclosure, stigma, anxiety, depression, uncertainty about future health, family-related stress, financial difficulties, and concerns regarding long-term medication adherence. Recent studies have emphasized that mental health problems are highly relevant among people living with HIV and may affect quality of life,

treatment adherence, and continuity of care.[3] Therefore, coping strategies become an important psychosocial factor in the overall management of HIV/AIDS.

Coping strategies refer to the cognitive, emotional, behavioural, and social efforts used by individuals to manage stressful situations. Among HIV/AIDS affected patients, coping may include problem-focused coping, emotional coping, spiritual coping, acceptance, seeking social support, positive reframing, denial, avoidance, or substance-related coping. Evidence suggests that adaptive coping strategies such as positive reappraisal, acceptance, social support, and problem-focused coping may improve psychological adjustment, whereas maladaptive coping may worsen distress and reduce adherence to treatment.[4,5] Studies among people living with HIV have also shown that coping mechanisms are associated with medication adherence and self-stigma.[5,6]

Hence, assessment of adopted coping strategies among HIV/AIDS affected patients visiting the ART centre at SMS Hospital, Jaipur, is scientifically relevant. Such assessment can help identify the common coping patterns used by patients and their association with socio-demographic variables, thereby supporting patient-centred counselling, psychosocial care, and nursing interventions.

NEED OF THE STUDY

HIV/AIDS is a chronic condition that requires continuous medical treatment, psychological adjustment, and social support. Although antiretroviral therapy has improved survival, patients living with HIV/AIDS still experience stigma, fear of disclosure, uncertainty about health, family stress, economic burden, and lifelong drug adherence challenges. These problems may influence the coping strategies adopted

by patients and may affect their emotional wellbeing, treatment adherence, and quality of life. Therefore, scientific assessment of coping strategies among HIV/AIDS affected patients is important in ART centre settings.

The present study is needed because coping strategies may be either adaptive or maladaptive. Adaptive coping strategies such as acceptance, active coping, emotional support, positive reframing, and spiritual coping may help patients adjust positively to illness. In contrast, maladaptive coping strategies such as denial, avoidance, self-blame, behavioural disengagement, and substance use may increase psychological distress and interfere with ART adherence. Zainal-Abidin et al. (2024) reported that coping mechanisms among young people living with HIV were associated with medication adherence, which indicates that coping is clinically important in HIV care.[5]

Statistically, the study is needed because coping strategies can be measured objectively using a standardized coping inventory. The Modified C. S. Carver COPE Inventory used in the present study has a reliability coefficient of 0.85, indicating good internal consistency. Descriptive statistics such as frequency, percentage, mean, and standard deviation will help identify the level and pattern of adopted coping strategies among 60 HIV/AIDS affected patients. Inferential statistics such as chi-square test or Fisher's exact test will help determine the association between coping strategies and selected socio-demographic variables at the 0.05 level of significance.

Recent scientific evidence also shows that maladaptive coping is associated with symptoms of depression, anxiety, and post-traumatic stress among

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people with HIV, while stigma and social support influence quality of life among patients attending ART centres.[7'8] Hence, this study will provide evidence for nursing counselling, psychosocial assessment, and patient-centred HIV care at ART Centre, SMS Hospital, Jaipur.

OBJECTIVES OF THE STUDY

To assess the adopted coping strategies among HIV/AIDS affected patients.

To find the association between adopted coping strategies and their selected socio-demographic variables.

HYPOTHESES

H1 –There will be a significant association between the adopted coping strategies and their selected demographic variables among HIV/AIDS affected patients at 0.05 level of significance.

H01- There will be no significant association between the adopted coping strategies and their selected demographic variables among HIV/AIDS affected patients at 0.05 level of significance.

METHODOLOGY

To accomplish the objectives of the present study, a quantitative research approach will be adopted. A descriptive research design will be used, as the study aims to assess the adopted coping strategies among HIV/AIDS affected patients and to determine their association with selected socio-demographic variables.

The main research variable of the study will be the adopted coping strategies of HIV/AIDS affected patients. The selected socio-demographic variables will include age, gender, type of family, marital status, occupation, educational status, and monthly income.

The study will be conducted among HIV/AIDS affected patients visiting the Antiretroviral Therapy Centre, SMS Hospital, Jaipur, Rajasthan. A

total of 60 HIV/AIDS affected patients will be selected as samples by using a convenient sampling technique. Patients who are present at the ART centre during the period of data collection and who fulfil the inclusion criteria will be included in the study.

The tool used for data collection will consist of two sections. The first section will include socio-demographic variables, and the second section will include the Modified C. S. Carver COPE Inventory Scale to assess the coping strategies adopted by HIV/AIDS affected patients. The reliability of the Modified C. S. Carver COPE Inventory Scale was established by using the Cronbach's alpha method. The reliability coefficient was found to be 0.85, which indicates that the tool is reliable for assessing coping strategies among HIV/AIDS affected patients.

RESULTS

Table No. 1: Frequency and Percentage Distribution of as Per Sample (HIV/AIDS Affected Patients) Demographic Variables

S. N O.	DEMOGRAP HIC VARIABLE	FREQU ENCY	PERCEN TAGE
1	Age (in years)	<25	10 16.66%
		26-35	14 23.33%
		36-45	21 35%
		>46 year	15 25%
2	Gender	Male	36 60%
		Female	24 40%
3	Type of family	Nuclear family	22 36.66%
		Joint family	31 51.66%
		Extended family	4 6.66%
		Single parent	3 5%
4	Marital	Married	40 66.67%

	al status	Single	12	20.00%
		Divorce/divorcee	2	3.33%
		Widow/widower	6	10.00%
5	Educ ation	Illiterate	6	10%
		Primary	16	26.66%
		Secondary	27	45%
		Up to Graduation	11	18.33%
6	Occu pation	Unemployed	19	31.66%
		Self employed	19	31.66%
		Private	16	26.66%
		Government	6	10%
7	Inco me (per mont h) in rupees	10001-20000	51	85%
		20001-50000	9	15%
		50001-100000	0	0%
		>100001	0	0%

Table No. 1 presents the frequency and percentage distribution of HIV/AIDS affected patients according to selected demographic variables. The total sample consisted of 60 HIV/AIDS affected patients visiting the ART Centre, SMS Hospital, Jaipur.

With regard to age, the highest proportion of patients belonged to the age group of 36–45 years, comprising 21 patients (35%). This was followed by 15 patients (25%) in the age group of above 46 years, 14 patients (23.33%) in the age group of 26–35 years, and 10 patients (16.66%) below 25 years of age. This indicates that the majority of HIV/AIDS affected patients in the study were middle-aged adults.

In relation to gender, most of the patients were male, accounting for 36 patients (60%), while 24 patients (40%) were female. This shows that male patients were more represented in the study sample than female patients.

Regarding type of family, the majority of patients belonged to joint families, with 31 patients (51.66%), followed by 22 patients (36.66%) from nuclear families. Only 4 patients (6.66%) belonged to extended families, and 3 patients (5%) were from single-parent families. This suggests that most patients were living in joint family settings, which may have relevance to social and emotional support.

In terms of marital status, the majority of patients were married, comprising 40 patients (66.67%). This was followed by 12 patients (20%) who were single, 6 patients (10%) who were widow/widower, and 2 patients (3.33%) who were divorced/divorcee. This indicates that most respondents were married adults.

With regard to educational status, the highest number of patients had completed secondary education, comprising 27 patients (45%). This was followed by 16 patients (26.66%) with primary education, 11 patients (18.33%) educated up to graduation, and 6 patients (10%) who were illiterate. This shows that most patients had at least some formal education.

In relation to occupation, 19 patients (31.66%) were unemployed and 19 patients (31.66%) were self-employed. Further, 16 patients (26.66%) were working in private jobs, while only 6 patients (10%) were government employees. This indicates that unemployment and self-employment were the most common occupational categories among the respondents.

Regarding monthly income, the majority of patients, 51 patients (85%), had a monthly income between ₹10,001 and ₹20,000. Only 9 patients

(15%) had a monthly income between ₹20,001 and ₹50,000, while none of the patients reported income between ₹50,001 and ₹1,00,000 or above ₹1,00,001. This shows that most of the study participants belonged to a lower-income group.

Overall, the findings reveal that the majority of HIV/AIDS affected patients were male, aged 36–45 years, married, from joint families, educated up to secondary level, unemployed or self-employed, and had a monthly income of ₹10,001–₹20,000. These demographic characteristics are important because they may influence the coping strategies adopted by HIV/AIDS affected patients.

Table No.: 2: Frequency and Percentage Distribution of Adopted Coping Strategies Among HIV/AIDS Affected Patients

S . NO	ADOPTED COPING STRATEGIES			FREQUENCY			PERCENTAGE
	Problem Focused	Emotion Focused	Total (Problem & Emotion)	Problem Focused	Emotion Focused	Total (Problem & Emotion)	
1	Least Used (0-15)	Least Used (0-15)	Least Used (0-30)	0	0	0	0%
2	Mildly Used (16-30)	Mildly Used (16-30)	Mildly Used (32-60)	5	4	9	15%
3	Moderately Used (31-45)	Moderately Used (31-45)	Moderately Used (62-90)	20	28	48	80%

4	Strongly Used (46-60)	Strongly Used (46-60)	Strongly Used (92-120)	1	2	3	5%
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Table No. 2 shows the frequency and percentage distribution of adopted coping strategies among HIV/AIDS affected patients. The coping strategies were categorized into four levels: least used, mildly used, moderately used, and strongly used. The total sample consisted of 60 HIV/AIDS affected patients.

The data reveal that none of the patients (0%) were found in the least used coping strategy category. This indicates that all respondents adopted some level of coping strategy while dealing with HIV/AIDS-related stress, illness adjustment, treatment burden, and psychosocial challenges.

In the mildly used coping strategy category, 9 patients (15%) were found. Among them, 5 patients used problem-focused coping strategies mildly, while 4 patients used emotion-focused coping strategies mildly. This suggests that a small proportion of patients had limited use of coping strategies and may require additional counselling, emotional support, and health education.

The majority of patients, 48 patients (80%), were found in the moderately used coping strategy category. Among these, 20 patients adopted problem-focused coping strategies moderately, while 28 patients adopted emotion-focused coping strategies moderately. This indicates that most HIV/AIDS affected patients were using coping strategies at a moderate level. It also suggests that patients were making efforts to manage their condition through practical problem-solving as well as emotional adjustment.

Only 3 patients (5%) were found in the strongly used coping strategy category.

Among them, 1 patient strongly used problem-focused coping strategies, while 2 patients strongly used emotion-focused coping strategies. This shows that very few patients had a high level of coping ability.

Overall, the findings indicate that the majority of HIV/AIDS affected patients had moderately adopted coping strategies, with emotion-focused coping being slightly more common than problem-focused coping. This suggests that most patients may depend more on emotional adjustment, acceptance, and psychological support rather than direct problem-solving methods. Therefore, there is a need for counselling, psychosocial support, and nursing interventions to strengthen effective coping strategies among HIV/AIDS affected patients.

Table No. 3: Mean, Mode, Median and Standard Deviation of Adopted Coping Strategies Among HIV/AIDS Affected Patients

S.No	Maximum Score	Mean	Mean Percentage	Median	Mode	Standard Deviation
1	120	72.45	60.43%	71	65	11.63

Table No. 3 presents the mean, mean percentage, median, mode, and standard deviation of adopted coping strategies among HIV/AIDS affected patients.

The maximum possible score for adopted coping strategies was 120. The obtained mean score was 72.45, with a mean percentage of 60.43%. This indicates that, on average, HIV/AIDS affected patients had a moderate level of adopted coping strategies. The mean score shows that most patients were using coping strategies to manage illness-related stress, but their coping level was not very strong.

The median score was 71, which means that half of the patients scored

below 71 and half scored above 71. The median being close to the mean score indicates that the distribution of coping scores was fairly balanced and not highly skewed.

The mode score was 65, which indicates that 65 was the most frequently occurring score among the respondents. This further suggests that many patients had coping scores within the moderate range.

The standard deviation was 11.63, which shows a moderate variation in coping scores among HIV/AIDS affected patients. This means that although most patients had moderate coping strategies, there were differences in the extent to which individual patients adopted coping methods.

Overall, Table No. 3 reveals that HIV/AIDS affected patients had a moderate level of adopted coping strategies, with a mean percentage of 60.43%. This finding suggests the need for strengthening coping abilities through counselling, emotional support, health education, family support, and regular psychosocial assessment at the ART centre.

DISCUSSION

The present study assessed adopted coping strategies among 60 HIV/AIDS affected patients visiting the ART Centre, SMS Hospital, Jaipur. The findings showed that the majority of patients, 48 (80%), used moderately adopted coping strategies, while 9 (15%) mildly used coping strategies and only 3 (5%) strongly used coping strategies. The mean coping score was 72.45 ± 11.63 , with a mean percentage of 60.43%, indicating that the overall coping level of the patients was moderate. This finding suggests that most HIV/AIDS affected patients were able to use some coping methods, but their coping ability was not strong enough to indicate highly effective psychosocial adjustment.

The findings are supported by Zainal-Abidin et al. (2024), who studied 395 young people living with HIV in Klang Valley and found measurable use of problem-focused, emotion-focused, dysfunctional, and religious/spiritual coping strategies. Their study also reported that coping mechanisms were associated with medication adherence, showing that coping has practical importance in HIV care and ART continuation.[5]

Similarly, Nebhinani et al. (2022) conducted a study among 100 people living with HIV and reported that quality of life scores were in the moderate category. They also found that internalization coping, low social support, and lower quality of life were significantly associated with psychiatric morbidity. This supports the present finding that moderate coping requires further strengthening through counselling and social support.[9]

Parcesepe et al. (2023), in a study among 426 people with HIV initiating HIV care in Cameroon, found that adaptive and maladaptive coping strategies were commonly reported, and greater maladaptive coping was associated with symptoms of depression, anxiety, and post-traumatic stress disorder.[7]

The findings are also consistent with Amal et al. (2024), who found a significant relationship between coping strategies and self-stigma among PLHIV. Their study reported that coping strategies were significantly associated with self-stigma, suggesting that coping assessment is important for psychosocial intervention.[6]

Thus, the present study highlights the need for structured counselling, family support, stigma reduction, and nurse-led psychosocial care to improve coping strategies among HIV/AIDS affected patients.

CONCLUSION

The present study was conducted to assess the adopted coping strategies among HIV/AIDS affected patients visiting the ART Centre, SMS Hospital, Jaipur, and to find the association between coping strategies and selected socio-demographic variables. The study used a quantitative approach with descriptive research design. A total of 60 HIV/AIDS affected patients were selected through convenient sampling technique. Data were collected using demographic variables and the Modified C. S. Carver COPE Inventory Scale, which had a reliability coefficient of 0.85.

The findings revealed that the majority of patients were in the age group of 36–45 years, male, married, from joint families, educated up to secondary level, unemployed or self-employed, and belonged to the monthly income group of ₹10,001–₹20,000. Regarding coping strategies, most patients, 48 (80%), had moderately adopted coping strategies, 9 (15%) had mildly adopted coping strategies, and only 3 (5%) had strongly adopted coping strategies. The mean coping score was 72.45 with a mean percentage of 60.43%, indicating a moderate level of coping among the patients.

Thus, the study concluded that HIV/AIDS affected patients adopted coping strategies at a moderate level. There is a need to strengthen coping abilities through counselling, health education, emotional support, family involvement, and regular psychosocial assessment at ART centres.

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