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Original Article

Exploration of emotional and psychosocial responses following initial HIV diagnosis: A qualitative study

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Abstract

Background: Receiving an initial HIV diagnosis is often accompanied by profound emotional disruption, psychosocial uncertainty, stigma-related concerns, and challenges in disclosure and early treatment engagement. Although previous studies have examined HIV adherence, stigma, and treatment outcomes, limited evidence describes the immediate emotional and psychosocial responses experienced by newly diagnosed adults during the first months of HIV care, particularly in local healthcare settings in Indonesia.
Objective: This study aimed to explore emotional and psychosocial responses following an initial HIV diagnosis among individuals receiving early HIV care in urban and rural healthcare facilities in Pringsewu, Lampung Province, Indonesia.
Methods: A qualitative descriptive design was used. Participants were recruited purposively from healthcare facilities providing HIV counseling, testing, and antiretroviral therapy services. Fifteen adults diagnosed with HIV within one to seven months before data collection participated in face-to-face, in-depth semi-structured interviews. Data were collected in private rooms to ensure confidentiality and emotional safety. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. Trustworthiness was strengthened through participant validation, audit trail documentation, reflective notes, team discussions, and the use of representative quotations.
Results: Thematic analysis generated three major themes. The first theme, emotional shock and personal crisis after HIV diagnosis, reflected participants' disbelief, fear of death, uncertainty about the future, guilt, and self-blame. The second theme, stigma and fear of social reactions, described fear of family rejection, concealment of HIV status as self-protection, workplace concerns, and internalized stigma. The third theme, early adaptation and emerging hope for survival, showed gradual acceptance, reliance on support from healthcare providers or significant others, and commitment to antiretroviral therapy. These findings indicate a transition from emotional crisis and social fear toward early coping, acceptance, and treatment commitment.
Conclusion: Newly diagnosed individuals experience complex emotional and psychosocial responses during the early phase of HIV care. Integrating stigma reduction, emotional counseling, accurate health information, and supportive care into HIV services may strengthen adaptation, disclosure readiness, and long-term treatment engagement among people newly diagnosed with HIV.

Background

People who receive an initial HIV diagnosis often experience abrupt emotional disruption within their daily social context (UNAIDS, 2024). Individuals frequently interpret early HIV information through risk narratives in their communities at the time of diagnosis (World Health Organization, 2024). Families and peers often frame HIV meaning through regional trends and youth vulnerabilities in the first weeks after disclosure (UNICEF, 2024). Communities commonly reproduce stigma through labeling practices in public spaces after diagnosis events (Akbar, 2024). Individuals often accumulate stigma perceptions through repeated micro-exclusions in routine interactions after diagnosis (Gruszczyńska & Rzeszutek, 2023). Care systems frequently face sustainability constraints that shape counseling availability during early linkage phases (Amirudin et al., 2026; Elendu et al., 2025).

Adolescents and young adults frequently enter the HIV care continuum with uneven linkage pathways across service settings (Haw et al., 2025). Patients often engage in adherence interventions through digital communication platforms during initial treatment periods (Belzer et al., 2024). Health providers commonly observe improved viral suppression among youth who attend structured support groups regularly (Chamanga et al., 2024). Researchers often identify behavioral habit formation as an important mechanism in sustained treatment

engagement after diagnosis (Gardner & Lally, 2023). Clinical programs frequently report viral suppression variation among adolescents within community treatment settings (Gordon et al., 2022). Health services often improve retention outcomes through same-day treatment initiation policies in HIV clinics (Govere et al., 2023).

Patients frequently encounter adherence barriers related to stigma, fear, and social instability during early treatment adjustment (Audi et al., 2021). Adolescents commonly experience psychological burden that complicates medication adherence behaviors over time (Msefula & Umar, 2023). Youth populations frequently present psychiatric comorbidities that influence treatment engagement patterns (Olashore et al., 2023). Individuals often demonstrate depressive symptoms that correlate with reduced viral suppression during follow-up care (Huang et al., 2025). Patients frequently report emotional distress that emerges during psychosocial adaptation following diagnosis disclosure (Joesep et al., 2026). Children and adolescents often display emotional and behavioral difficulties after participating in HIV care programs (Kaseka et al., 2024).

Health systems frequently observe adherence disruption linked with disclosure challenges in adolescent HIV populations (Amirudin et al., 2026; Mengesha et al., 2023). Communities often shape disclosure decisions through perceived stigma risks in social environments (Smith et al., 2023). Families frequently negotiate disclosure processes amid concerns about discrimination and social exclusion (Mashile & Maake, 2024). Researchers often identify social isolation and loneliness as mediating psychosocial responses in adolescents living with HIV (Ngwenya et al., 2024). Individuals frequently encounter educational and peer interaction challenges during school participation with HIV status (Nxumalo et al., 2024). Patients often navigate treatment discontinuation pathways influenced by psychosocial and structural barriers (Sujianto et al., 2025).

Healthcare programs frequently address viral suppression through adherence counseling and differentiated care strategies (Izudi et al., 2024). Adolescents often experience loss to follow-up influenced by socioeconomic and psychosocial vulnerabilities (Leshargie et al., 2022). Clinical studies frequently identify determinants of viral non-suppression among children and adolescents receiving HIV care (Mchomvu et al., 2022). Youth populations often demonstrate viral load instability that reflects broader systemic and behavioral challenges (Molopa et al., 2024). Researchers frequently evaluate cost-effectiveness of differentiated HIV care interventions for sustained adherence outcomes (Liang et al., 2024). Epidemiological analyses often highlight persistent challenges in achieving viral suppression among adolescents globally (Rakhmanina et al., 2024).

Although previous studies have examined HIV adherence, viral suppression, stigma, and psychosocial burden, several knowledge gaps remain. Much of the existing evidence focuses on adolescents, long-term HIV care, or treatment outcomes, while fewer studies have explored the immediate emotional and psychosocial responses experienced by adults during the first months after diagnosis. Limited evidence also explains how newly diagnosed individuals interpret HIV, manage disclosure concerns, and begin adaptation within local HIV counseling and antiretroviral therapy services, particularly in mixed urban and rural healthcare settings. Understanding these early responses is important because the first months after diagnosis may determine disclosure decisions, treatment engagement, and psychological adjustment. This study therefore aimed to explore emotional and psychosocial responses following an initial HIV diagnosis among individuals receiving early HIV care in local healthcare settings in Indonesia.

Methods

Study Design

This study employed a qualitative descriptive design to explore emotional and psychosocial responses following an initial HIV diagnosis among people living with HIV. This design was chosen because the study aimed to produce a clear, practice-oriented, and low-inference description of participants' emotional reactions, psychosocial challenges, stigma-related concerns, disclosure dilemmas, and early adaptation after diagnosis. A qualitative descriptive approach was considered more appropriate than phenomenology because the purpose was not to interpret the philosophical essence of lived experience, but to describe participants' responses in language that could inform counseling and HIV care practice. This study was conducted and reported in accordance with the Standards for Reporting Qualitative Research (SRQR) to ensure transparency, rigor, and completeness in reporting the qualitative research process.

Participants

Participants were recruited using purposive sampling to ensure variation in age, gender, marital status, educational background, occupation, residence, and duration since diagnosis. The inclusion criteria were: adults aged 18 years or older, diagnosed with HIV within one to seven months prior to data collection, currently engaged in HIV care services, able to communicate their experiences clearly, and willing to provide written informed consent. The exclusion criteria were individuals with severe cognitive impairment, severe psychological distress requiring immediate clinical intervention, or those unwilling to participate in the interview process.

A total of eighteen eligible individuals were approached. Three individuals declined to participate because they were not emotionally ready to discuss their diagnosis. Fifteen participants agreed to participate and completed the interviews. No participants withdrew after providing consent, and no drop-outs occurred during data collection. The final sample consisted of fifteen participants, which was considered sufficient because data saturation had been achieved.

Data Collection

Data were collected through face-to-face, in-depth semi-structured interviews. Interviews were conducted in private rooms within healthcare facilities to ensure confidentiality, comfort, and freedom to express personal experiences. Only the participant and the interviewer were present during the interview. No family members, healthcare providers, or other individuals were present during the interview sessions. The interview guide explored participants' emotional reactions after receiving the HIV diagnosis, psychosocial adjustment, stigma experiences, disclosure concerns, sources of social support, and early engagement with HIV treatment. Examples of guiding questions included: "Can you tell me how you felt when you first received your HIV diagnosis?", "What changes did you experience emotionally and socially after the diagnosis?", and "What helped you begin to adapt to your condition?"

Each interview lasted approximately 45–60 minutes and was audio-recorded with participant permission. Field notes were written immediately after each interview to document nonverbal expressions, emotional responses, contextual information, and researcher reflections. No repeat interviews were conducted because the initial interviews provided sufficient depth and clarity. However, brief follow-up clarification was conducted when necessary during participant validation to ensure that the researchers' interpretation was consistent with participants' intended meanings.

Data collection and preliminary analysis were conducted concurrently. Saturation was assessed through continuous comparison of interview data. After the twelfth interview, no substantially new codes began to emerge. Three additional interviews were conducted to confirm the stability of the emerging categories and themes.

Data Analysis

Data were analyzed using thematic analysis. The analysis began with repeated reading of verbatim transcripts to achieve immersion in the data. The researchers then generated initial codes inductively by identifying meaningful statements related to emotional responses, psychosocial difficulties, stigma, disclosure concerns, coping strategies, and early adaptation after diagnosis. Similar codes were grouped into preliminary categories and then organized into broader themes. The researchers reviewed and refined these themes by comparing them across participants' narratives to ensure that each theme accurately reflected the data. Disagreements in coding and theme development were discussed among the research team until consensus was reached. Field notes were used to enrich interpretation and provide contextual understanding of participants' verbal and nonverbal responses.

The final themes were developed through iterative analysis and were supported by representative participant quotations. The analysis resulted in three major themes: emotional shock and personal crisis after diagnosis, stigma and fear of social reactions, and early adaptation with emerging hope for survival.

Trustworthiness

Several strategies were used to enhance the trustworthiness of the study. Credibility was maintained through prolonged engagement with the interview data, careful probing during

interviews, and participant validation of selected interpretations. Participants were asked to confirm whether the researchers' interpretations reflected their intended meanings. Dependability was ensured by maintaining an audit trail that documented the research process, including recruitment procedures, interview implementation, coding decisions, theme development, and analytic reflections. Confirmability was supported through reflective notes and team discussions to minimize individual researcher bias during data interpretation. Transferability was strengthened by providing detailed descriptions of participants' characteristics, study context, data collection procedures, and representative quotations, allowing readers to assess the relevance of findings to similar HIV care settings.

Ethical Consideration

Ethical approval was obtained from the Health Research Ethics Committee of Universitas Aisyah Pringsewu with approval number No. 925/UAP.OT/KEP/EC/2025. All participants received verbal and written explanations about the study objectives, procedures, potential risks and benefits, confidentiality, voluntary participation, and their right to withdraw at any time without affecting their access to healthcare services.

Results

Most participants reported that the initial diagnosis occurred in clinical settings where counseling services were available, although the depth of information received varied. Several participants described uncertainty regarding future health, relationships, employment, and social acceptance immediately after diagnosis. These demographic and contextual variations allowed a comprehensive exploration of emotional reactions and coping processes across different social contexts (Table 1).

Table 1. Participant Characteristics

Participant Code	Age	Gender	Education	Marital Status	Occupation	Duration Since Diagnosis	Residence
P1	24	Male	Senior high school	Unmarried	Private employee	2 months	Urban
P2	29	Male	Bachelor's degree	Unmarried	Entrepreneur	5 months	Urban
P3	32	Female	Senior high school	Married	Housewife	3 months	Rural
P4	27	Male	Senior high school	Unmarried	Private employee	1 month	Urban
P5	35	Male	Junior high school	Married	Laborer	6 months	Rural
P6	22	Female	Senior high school	Unmarried	Student	4 months	Urban
P7	31	Male	Bachelor's degree	Unmarried	Freelancer	7 months	Urban
P8	28	Male	Senior high school	Unmarried	Private employee	2 months	Urban
P9	40	Female	Junior high school	Divorced	Unemployed	5 months	Rural
P10	26	Male	Senior high school	Unmarried	Driver	3 months	Urban
P11	34	Male	Bachelor's degree	Married	Civil servant	6 months	Urban
P12	23	Female	Senior high school	Unmarried	Shop employee	1 month	Urban
P13	37	Male	Senior high school	Married	Entrepreneur	7 months	Rural
P14	30	Male	Diploma	Unmarried	Private employee	4 months	Urban
P15	25	Female	Senior high school	Unmarried	Cashier	2 months	Urban

Table 2. Themes, Subthemes, and Representative Quotations

Main Theme	Subtheme
Theme 1: Emotional shock and personal crisis after HIV diagnosis	Shock and disbelief
	Shock and disbelief
	Fear of death and the future
	Fear of death and the future
	Guilt and self-blame
Theme 2: Stigma and fear of social reactions	Fear of family rejection
	Fear of family rejection
	Concealing HIV status as self-protection
	Concealing HIV status as self-protection
	Internalized stigma
Theme 3: Early adaptation and emerging hope for survival	Gradual acceptance
	Gradual acceptance
	Support as a source of strength
	Support as a source of strength
	Hope and commitment to therapy

Theme 1. Emotional Shock and Personal Crisis after HIV Diagnosis

The first theme, emotional shock and personal crisis after HIV diagnosis, describes the immediate psychological disruption experienced by participants after receiving their HIV-positive result. Participants reported that the diagnosis created a sudden emotional crisis marked by disbelief, fear, uncertainty, guilt, and self-blame. This theme shows that the initial diagnosis was not only understood as a medical condition, but also as a life-changing event that threatened participants' sense of identity, future plans, social roles, and emotional stability. Participants commonly described difficulty processing information during the first moments after diagnosis, indicating that emotional shock may reduce their ability to fully understand counseling messages. This theme was supported by three subthemes: shock and disbelief, fear of death and the future, and guilt and self-blame.

The first subtheme, shock and disbelief, reflected participants' inability to immediately accept the diagnosis. Several participants described the moment of diagnosis as emotionally paralyzing, as if their normal awareness and ability to respond suddenly stopped. One participant stated, *"When the doctor told me I was HIV positive, I felt like I could not hear anything anymore. It felt as if the world had stopped. I never imagined this would happen to me. I went home and just stayed silent, not knowing what to do*" (P1). Another participant explained that the diagnosis felt unreal and required confirmation through repeated testing: *"I thought the result must be wrong. I repeated the test because I could not believe it. In my mind, it felt like a nightmare that I wanted to end quickly"* (P2). These quotations show that participants initially rejected the diagnosis cognitively and emotionally because HIV was perceived as an unexpected and frightening condition.

The second subtheme, fear of death and the future, captured participants' concerns about survival, future relationships, employment, and social functioning after diagnosis. Participants associated HIV with a shortened life expectancy and imagined negative changes in their physical condition. One participant expressed fear about dying soon and losing future life opportunities: *"The first thing I thought was, will I die soon? I was very afraid when thinking about my future, my work, and whether I could still have a family"* (P3). Another participant described fear of physical decline and social suspicion: *"I was afraid that I would not live long. I imagined my body becoming thinner and people starting to suspect something"* (P4). These findings indicate that early emotional responses were strongly influenced by participants' perceptions of HIV as a threatening and visible illness.

The third subtheme, guilt and self-blame, showed that some participants interpreted the diagnosis as a consequence of their past behavior. This response created a deep sense of shame and moral distress. One participant stated, *"I blamed myself. I felt that this was the result of my past mistakes. There was a very deep sense of shame"* (P5). This statement illustrates how participants internalized the diagnosis as personal fault rather than solely as a health condition requiring treatment and support. Overall, Theme 1 demonstrates that the first phase after HIV diagnosis was dominated by emotional shock, fear, and self-directed judgment, which may affect participants'

readiness to receive information, disclose their status, and engage consistently in early HIV care.

Theme 2. Stigma and Fear of Social Reactions

The second theme, stigma and fear of social reactions, describes participants' concerns about how other people would respond if their HIV status became known. Participants did not only experience fear related to the disease itself, but also fear related to rejection, judgment, discrimination, and loss of social position. This theme shows that stigma strongly influenced participants' disclosure decisions and social behavior after diagnosis. Participants tended to protect themselves by hiding their HIV status, limiting social interaction, and avoiding situations that might expose their condition. This theme was supported by three subthemes: fear of family rejection, concealing HIV status as self-protection, and internalized stigma.

The first subtheme, fear of family rejection, reflected participants' anxiety about being rejected by parents or other family members. Participants perceived family acceptance as highly important, yet they were afraid that disclosure would lead to disappointment, shame, or emotional distancing. One participant stated, *"I still do not dare to tell my parents. I am afraid they will be disappointed and will no longer accept me"* (P6). Another participant expressed that family reaction was even more frightening than HIV itself: *"I am more afraid of my family's reaction than of the disease itself. I am afraid of being seen as a disgrace"* (P7). These statements indicate that participants' emotional burden was intensified by fear of losing family support and being labeled negatively within the household.

The second subtheme, concealing HIV status as self-protection, showed that participants used secrecy as a strategy to avoid stigma and discrimination. Participants believed that keeping their diagnosis private could protect them from social exclusion, gossip, and employment consequences. One participant explained, *"Until now, only the doctor and I know. I choose to remain silent because I am not ready if people distance themselves from me"* (P8). Another participant described hiding their condition at work to avoid possible job loss: *"At work, I pretend that everything is normal. I do not want them to know because I am afraid of losing my job"* (P9). These quotations show that concealment was not merely an avoidance behavior, but a deliberate coping strategy used to maintain safety, employment, and social stability.

The third subtheme, internalized stigma, reflected the way participants absorbed negative social meanings associated with HIV into their self-perception. Some participants began to view themselves as different, inferior, or unworthy after diagnosis. One participant stated, *"Sometimes I feel dirty and different from other people. I withdraw from others and lose my confidence"* (P10). This statement illustrates that stigma was not only external, but also internalized into participants' emotional and social identity. Internalized stigma contributed to withdrawal, reduced self-confidence, and difficulty maintaining normal social relationships. Overall, Theme 2 demonstrates that stigma and fear of social reactions created a major psychosocial barrier during the early phase of HIV diagnosis, especially in relation to disclosure, family communication, workplace security, and self-acceptance.

Theme 3. Early Adaptation and Emerging Hope for Survival

The third theme, early adaptation and emerging hope for survival, describes participants' gradual movement from emotional crisis toward acceptance, coping, and treatment commitment. Although participants initially experienced shock, fear, and stigma-related concerns, some began to reconstruct their understanding of HIV after receiving information, support, and reassurance. This theme shows that adaptation did not occur immediately, but developed through time, supportive relationships, and engagement with healthcare services. Participants gradually began to see HIV as a manageable condition rather than an immediate death sentence. This theme was supported by three subthemes: gradual acceptance, support as a source of strength, and hope and commitment to therapy.

The first subtheme, gradual acceptance, reflected participants' process of coming to terms with their diagnosis. Participants reported that acceptance emerged after several weeks of emotional struggle and reflection. One participant stated, *"After a few weeks, I started to think that I had to accept this. Crying all the time would not change anything"* (P11). Another participant explained that information helped them change their perception of HIV: *"At first it was very difficult, but over time I learned that HIV is not the end of everything. I started reading and asking healthcare workers"* (P12). These quotations show that acceptance developed when participants began to receive accurate information and reinterpret HIV as a condition that could be managed through treatment.

The second subtheme, support as a source of strength, emphasized the importance of emotional and informational support from healthcare

providers and significant others. Participants described supportive communication as helping them feel calmer, less isolated, and more capable of facing the diagnosis. One participant explained, *"The nurse at the clinic was very helpful. They explained everything calmly and made me feel that I was not alone"* (P13). Another participant described the emotional value of partner support: *"When my partner said that they would still support me, I felt much stronger"* (P14). These findings indicate that support from nurses, healthcare workers, and close relationships played an important role in reducing fear and strengthening early coping.

The third subtheme, hope and commitment to therapy, reflected participants' emerging motivation to maintain health through regular antiretroviral therapy. Participants began to focus on survival, treatment adherence, and living normally despite their diagnosis. One participant stated, *"Now I focus on taking ARV regularly. I want to live healthily and prove that I can still live like other people"* (P15). This quotation shows that hope became closely connected with treatment commitment. Participants' decision to take ARV regularly represented an important turning point from emotional crisis toward active self-management. Overall, Theme 3 demonstrates that early adaptation among newly diagnosed individuals was supported by acceptance, accurate information, relational support, and hope for continued life

Discussion

The findings indicate that individuals commonly experience emotional shock and psychological distress following an initial HIV diagnosis, which reflects a critical transitional period in the illness trajectory. Global epidemiological reports consistently show that HIV diagnosis remains associated with fear, uncertainty, and perceived life threat, especially among newly diagnosed individuals (UNAIDS, 2024). Clinical evidence also demonstrates that knowledge gaps regarding HIV progression contribute to anxiety and emotional instability during early diagnosis stages (World Health Organization, 2024). Previous qualitative research similarly highlights psychosocial adjustment challenges among young adults facing chronic health conditions, which supports the interpretation of early emotional disruption observed in this study (Joesep et al., 2026). Research on HIV stigma further suggests that emotional responses often intensify when individuals anticipate discrimination or social rejection (Gruszczyńska & Rzeszutek, 2023). Community system strengthening interventions have been recommended to reduce stigma and support emotional adaptation among people living with HIV (Akbar, 2024).

The present findings regarding fear of stigma and disclosure concerns align with evidence indicating that social reactions strongly influence psychosocial well-being and treatment engagement. Studies on HIV disclosure decision-making emphasize that perceived stigma frequently delays disclosure and limits social support access (Smith et al., 2023). Research conducted in rural communities demonstrates that fear of discrimination often leads individuals to conceal their HIV status to protect family relationships and employment stability (Mashile & Maake, 2024). Evidence also indicates that social isolation and loneliness mediate psychosocial outcomes among adolescents living with HIV, reinforcing the importance of supportive environments (Ngwenya et al., 2024). Qualitative studies in HIV care settings further reveal that psychosocial challenges frequently accompany early treatment engagement and emotional adjustment (Nxumalo et al., 2024). Similar findings in Indonesian contexts show that treatment discontinuation often relates to psychosocial barriers rather than purely biomedical factors (Sujianto et al., 2025).

Emotional distress identified in this study also corresponds with broader evidence linking mental health conditions to HIV treatment outcomes. Psychiatric comorbidities such as depression and anxiety frequently occur among adolescents living with HIV and may hinder adherence behaviors (Olashore et al., 2023). Meta-analytic evidence confirms that depressive symptoms significantly correlate with reduced viral suppression among people living with HIV (Huang et al., 2025). Research on emotional and behavioral difficulties among adolescents in HIV programs further supports the presence of psychological burden during treatment adaptation phases (Kaseka et al., 2024). Studies examining adherence barriers consistently identify emotional distress, stigma, and social instability as major influencing factors (Audi et al., 2021). Additional systematic reviews indicate that disclosure challenges can affect treatment adherence and long-term psychosocial adjustment (Mengesha et al., 2023).

The adaptation processes observed in this study reflect emerging resilience and coping strategies among participants. Research on supportive care needs in chronic illness populations demonstrates that emotional acceptance often develops gradually through counseling, education, and social support (Al Harbi et al., 2025). Behavioral science perspectives emphasize that habit formation plays a key role in sustaining treatment adherence and long-term health behaviors (Gardner & Lally, 2023). Clinical programs implementing adherence counseling and structured support interventions have reported improved viral suppression outcomes among HIV populations (Izudi et al., 2024). Economic evaluations also highlight the cost-effectiveness of differentiated care models that integrate psychosocial support components (Liang et al., 2024). Furthermore, studies on treatment engagement indicate that early supportive interventions can enhance retention in care and clinical outcomes (Govere et al., 2023).

These findings also align with broader public health evidence regarding HIV epidemiology and healthcare system challenges. Global reports continue to document persistent HIV incidence influenced by behavioral, structural, and social determinants (Novitry et al., 2024). Research on the HIV care continuum emphasizes ongoing gaps in viral suppression among adolescents and young adults despite advances in treatment availability (Haw et al., 2025). Cross-sectional studies identify multiple determinants of viral load suppression, including psychosocial factors and healthcare accessibility (Hlophe et al., 2025). Additional systematic reviews highlight the need for sustainable funding and integrated service delivery to maintain effective HIV programs (Elendu et al., 2025). Modeling studies also suggest that funding reductions may negatively affect clinical outcomes and public health progress (Gandhi et al., 2025).

Overall, the findings underscore the importance of comprehensive psychosocial support during the early phase following HIV diagnosis. Evidence indicates that mental health disorders remain prevalent among young people living with HIV and require integrated psychosocial interventions (Zhan et al., 2024). Clinical literature also emphasizes the complexity of HIV-related health conditions, including neurological and systemic complications that may influence emotional well-being (Siripurapu & Ota, 2023). Systematic reviews on HIV treatment outcomes highlight persistent challenges related to viral suppression, adherence, and long-term psychosocial adaptation (Zaçe et al., 2024). Qualitative methodological guidance further supports the use of in-depth approaches to explore complex psychosocial experiences in health research (Sharma et al., 2024). Therefore, strengthening emotional support, stigma reduction initiatives, and patient-centered counseling may improve psychosocial adaptation and treatment engagement among individuals newly diagnosed with HIV.

Conclusion and Recommendation

This study demonstrates that individuals commonly experience significant emotional and psychosocial responses following an initial HIV diagnosis, including shock, fear, stigma perception, and concerns about future life conditions. Participants frequently report social anxiety, disclosure dilemmas, and internalized stigma that influence psychological well-being and healthcare engagement during early diagnosis stages. The findings also indicate that gradual adaptation, social support, and access to accurate health information contribute to emerging acceptance and treatment commitment among people living with HIV. These psychosocial processes highlight the importance of integrated emotional support within HIV care services to improve patient outcomes. Healthcare providers should therefore prioritize stigma reduction, psychosocial counseling, and supportive care interventions during early HIV diagnosis phases. Future research should further explore culturally sensitive psychosocial interventions to strengthen resilience and long-term treatment adherence among newly diagnosed individuals.

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Declaration on the Use of AI
No AI tools were used in the preparation of this manuscript.

Data Availability Statement

Data sharing is not applicable to this article.

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