

Psychosocial Challenges and HIV Prevention Barriers among High-Risk Youth in Deli Serdang, Indonesia

Nurhamida Fithri^{1,2}, Pratiwi Lumbantobing², Nona Try Agista³, Wanri Lumbanraja⁴

¹School of Nursing and Applied Sciences, Lincoln University College, Petaling Jaya, Malaysia

^{2,2,4}Faculty of Health Information Technology, Universitas Senior Medan, Medan, Indonesia

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Corresponding Author:

Author Name*: Nurhamida

Fithri

Email*: pitipitinez@gmail.com

Abstrak: *Human Immunodeficiency Virus (HIV) remains a significant public health problem among high-risk youth in Indonesia. Psychosocial problems, stigma, discrimination, emotional isolation, and limited access to healthcare services continue to hinder HIV prevention efforts among vulnerable populations. This study aimed to explore psychosocial challenges and barriers to HIV prevention among high-risk youth in Deli Serdang, Indonesia. A qualitative study was conducted using in-depth interviews and focus group discussions involving people living with HIV/AIDS, key populations, healthcare workers, community leaders, and related stakeholders. Participants were selected using purposive sampling. Data were analyzed using thematic analysis to identify major psychosocial and social barriers associated with HIV prevention. The findings revealed several important challenges, including stigma and discrimination, fear of HIV status disclosure, limited family and social support, risky sexual behaviors, low self-confidence, psychological distress, and barriers to healthcare access. Social stigma and insufficient community education were also found to contribute to delayed HIV testing and treatment seeking. The study concludes that psychosocial burden and social barriers remain major obstacles to HIV prevention among high-risk youth in Deli Serdang. Strengthening psychosocial support, community education, stigma reduction programs, and accessible HIV services are essential to improve HIV prevention efforts among vulnerable populations.*

Keywords: *HIV/AIDS; psychosocial challenges; stigma; high-risk youth; qualitative study*

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INTRODUCTION

Human Immunodeficiency Virus (HIV) remains one of the most significant global public health challenges, particularly among adolescents, young adults, and vulnerable populations. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2024), millions of people worldwide continue to live with HIV, while new HIV infections remain high among key



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populations such as men who have sex with men (MSM), sex workers, transgender individuals, and adolescents engaging in risky sexual behaviors. Despite significant advances in HIV prevention and treatment, social stigma, discrimination, and psychosocial burden continue to negatively affect HIV prevention efforts and healthcare access among vulnerable groups (Earnshaw & Kalichman, 2021). Globally, HIV infection not only affects physical health but also contributes to psychological, social, economic, and cultural problems within communities. People living with HIV/AIDS (PLWHA) frequently experience emotional distress, fear, anxiety, depression, social isolation, and rejection from family and society (Logie & Tharao, 2022). These psychosocial challenges may reduce self-confidence and prevent individuals from accessing HIV testing, counseling, treatment, and psychosocial support services. In many developing countries, including Indonesia, HIV-related stigma remains a major barrier to effective HIV prevention and control programs (Mbonu et al., 2020).

Indonesia continues to experience an increasing trend of HIV/AIDS cases, especially among productive-age populations and high-risk youth groups. National HIV surveillance reports indicate that new HIV infections are increasingly identified among adolescents and young adults with risky sexual behaviors (Indonesian Ministry of Health, 2024). Several factors contribute to this situation, including limited knowledge regarding reproductive health and HIV prevention, low condom use, multiple sexual partners, substance abuse, and inadequate access to youth-friendly healthcare services (World Health Organization [WHO], 2023). In addition, social and cultural norms often hinder open discussion regarding sexual health issues among adolescents and vulnerable populations. North Sumatra is among the provinces in Indonesia reporting a substantial number of HIV/AIDS cases, including in Deli Serdang Regency. High population mobility, urbanization, risky sexual behavior, and social vulnerability potentially contribute to the increasing risk of HIV transmission within the region. Vulnerable populations, including MSM and high-risk youth, often face difficulties accessing HIV prevention services due to fear of stigma, discrimination, and concerns regarding confidentiality (Fauk & Mwanri, 2021). Consequently, many individuals delay HIV testing and treatment initiation, which may increase the risk of HIV transmission and worsen health outcomes.

Psychosocial challenges are important issues affecting people living with HIV/AIDS and high-risk populations. Previous studies have shown that stigma and discrimination significantly influence psychological well-being, treatment adherence, healthcare utilization, and quality of life among PLWHA (Rueda et al., 2021). Fear of HIV status disclosure often leads individuals to conceal their condition from family members and healthcare providers. Lack of social support, emotional isolation, and community rejection may further worsen psychological distress and reduce motivation to seek healthcare services (Sweeney & Vanable, 2021). In addition to psychosocial burden, barriers to HIV prevention and healthcare access remain major concerns among vulnerable populations. Limited HIV education, misconceptions regarding HIV transmission, fear of discrimination in healthcare settings, and inadequate psychosocial support contribute to low utilization of HIV prevention services (Yasin & Simanjuntak, 2023). Some high-

risk youth continue engaging in risky sexual behaviors due to limited awareness regarding HIV prevention strategies and low perception of personal risk. These conditions indicate that HIV prevention programs require not only biomedical interventions but also psychosocial and community-based approaches to effectively address the social determinants of HIV transmission.

Several previous studies have explored HIV prevention, psychosocial burden, and stigma among vulnerable populations in different settings. However, limited studies have specifically examined psychosocial challenges and barriers to HIV prevention among high-risk youth in Deli Serdang, Indonesia. Most previous studies primarily focused on epidemiological trends and clinical management, while psychosocial experiences and social barriers among vulnerable youth populations remain underexplored. Understanding these psychosocial experiences is important to support the development of comprehensive HIV prevention programs and supportive interventions for vulnerable populations.

The novelty of this study lies in its exploration of psychosocial experiences and barriers to HIV prevention among high-risk youth within the socio-cultural context of Deli Serdang, Indonesia. This study provides in-depth qualitative insights regarding stigma, emotional burden, social support, healthcare access barriers, and risky behaviors experienced by vulnerable populations. The findings are expected to contribute to the strengthening of psychosocial support systems and community-based HIV prevention strategies in Indonesia. Therefore, this study aimed to explore psychosocial challenges and barriers to HIV prevention among high-risk youth in Deli Serdang, Indonesia. The findings of this study are expected to provide valuable information for healthcare providers, policymakers, and communities in improving HIV prevention programs and psychosocial support services for vulnerable populations.

METODOLOGI

This study employed a qualitative research design to explore psychosocial challenges and barriers to HIV prevention among high-risk youth in Deli Serdang, Indonesia. A qualitative approach was considered appropriate because it enables researchers to obtain in-depth understanding regarding participants' experiences, perceptions, emotional conditions, and social interactions related to HIV prevention and psychosocial issues (Creswell & Creswell, 2018). The study focused on understanding the social realities and psychosocial experiences encountered by vulnerable populations within their community contexts. The study was conducted in Deli Serdang Regency, North Sumatra, Indonesia, an area reporting increasing HIV/AIDS cases among productive-age populations and high-risk groups. The research was carried out in several healthcare and community settings involved in HIV prevention and management programs, including community health centers, counseling services, and community-based organizations working with vulnerable populations. Participants in this study consisted of people living with HIV/AIDS (PLWHA), high-risk youth, members of key populations, healthcare workers, community leaders, and related stakeholders involved in HIV prevention programs. Participants were selected using purposive sampling techniques based on inclusion criteria determined by the researchers. The inclusion criteria included participants aged 18 years or older, individuals directly involved or affected by HIV prevention programs, and participants willing to provide information

and participate voluntarily in the study. Healthcare workers and stakeholders included individuals with experience in HIV/AIDS prevention, counseling, treatment, or community outreach activities.

Data collection was conducted through in-depth interviews and focus group discussions (FGDs). In-depth interviews were used to explore participants' personal experiences, psychosocial conditions, perceptions regarding HIV prevention, and barriers encountered in accessing healthcare services. FGDs were conducted to obtain broader community perspectives regarding stigma, discrimination, risky sexual behaviors, social support, and HIV prevention efforts among high-risk populations. Semi-structured interview guidelines were developed by the researchers based on literature reviews and study objectives. The interview guidelines included questions related to psychosocial experiences, stigma and discrimination, social support, healthcare access, HIV prevention behavior, and perceptions regarding HIV/AIDS within the community. Interviews and FGDs were conducted in private and comfortable settings to maintain confidentiality and encourage participants to share their experiences openly. Each interview and discussion session lasted approximately 45–90 minutes and was conducted using the Indonesian language. With participants' consent, interviews and discussions were audio-recorded to ensure accuracy of data collection. Field notes were also documented during the research process to capture non-verbal responses, contextual information, and researchers' observations related to participants' emotional expressions and social interactions.

Data analysis was performed using thematic analysis following the approach proposed by Braun and Clarke (2006). All interview and discussion recordings were transcribed verbatim before analysis. The researchers repeatedly reviewed the transcripts to gain familiarity with the data and identify meaningful patterns related to psychosocial challenges and barriers to HIV prevention. Coding processes were conducted systematically by categorizing similar responses into subthemes and broader themes. Major themes emerging from the analysis included stigma and discrimination, emotional distress, fear of HIV status disclosure, limited social support, risky sexual behaviors, and barriers to healthcare access. To ensure the trustworthiness and credibility of the findings, triangulation of data sources and methods was applied throughout the research process. Data obtained from interviews, FGDs, healthcare workers, and community stakeholders were compared and analyzed to enhance consistency and validity. Member checking and peer discussions were also conducted to minimize researcher bias and improve the accuracy of interpretation. Ethical approval for this study was obtained from the relevant institutional ethics committee prior to data collection. All participants received information regarding the objectives, procedures, confidentiality, and voluntary nature of participation before providing informed consent. Participants' identities and personal information were kept confidential throughout the research process, and all research procedures were conducted in accordance with ethical principles for research involving human participants.

RESULTS AND DISCUSSION

Participant Characteristics

This study involved participants from various backgrounds associated with HIV prevention and management programs in Deli Serdang, Indonesia. Participants consisted of people living with HIV/AIDS (PLWHA), high-risk youth, healthcare workers, community leaders, and

representatives from community-based organizations involved in HIV prevention activities. Most participants were within productive-age groups and had diverse educational, occupational, and social backgrounds. The diversity of participants provided broad perspectives regarding psychosocial experiences and barriers to HIV prevention among vulnerable populations. Thematic analysis from in-depth interviews and focus group discussions identified several major themes, including psychosocial distress, stigma and discrimination, fear of HIV status disclosure, limited social support, risky sexual behaviors, and barriers to healthcare access.

Psychosocial Distress among High-Risk Youth

Psychological and emotional distress emerged as one of the dominant themes identified in this study. Participants frequently described feelings of fear, anxiety, sadness, stress, emotional burden, and uncertainty related to HIV infection and social perceptions surrounding HIV/AIDS. Emotional distress was often associated with concerns regarding future social relationships, employment opportunities, family acceptance, and social stigma.

One participant stated:

"After I was diagnosed, I felt stressed and confused about my future. I was afraid people would judge me differently." (PLWHA01)

Another participant explained:

"Sometimes I feel isolated because I am afraid to interact with other people openly." (MSM03)

Several participants reported withdrawing from social activities and limiting social interaction due to fear of rejection. Participants also described feelings of hopelessness and low self-confidence after experiencing negative treatment from society. Emotional distress was further worsened by limited social support and persistent stigma surrounding HIV/AIDS. These findings indicate that psychosocial burden significantly affects the emotional well-being and social functioning of vulnerable populations. Previous studies have similarly reported that HIV-related psychological distress contributes to anxiety, depression, emotional isolation, and reduced quality of life among PLWHA (Rueda et al., 2021). Psychosocial distress may also negatively affect treatment adherence, healthcare-seeking behavior, and participation in HIV prevention programs (Bing et al., 2021). The findings suggest that psychological support and counseling services remain essential components of HIV prevention and management programs. Providing psychosocial interventions may help vulnerable individuals improve emotional resilience and reduce the negative impact of HIV-related stress.

Stigma and Discrimination

Stigma and discrimination were consistently identified as major barriers affecting HIV prevention efforts and healthcare access among high-risk youth. Participants explained that HIV/AIDS is still strongly associated with immoral behavior, social deviance, and negative stereotypes within the community. Consequently, many individuals affected by HIV choose to conceal their condition to avoid social rejection and discrimination.

One participant stated:

"People still think HIV is a disgraceful disease. That is why many people are afraid to reveal their status." (PLWHA04)

Another participant explained:

"Sometimes people avoid us after knowing our condition. It makes us feel rejected and different from others." (MSM02)

Several participants also reported discrimination within social environments and workplaces. Fear of social judgment often discouraged participants from participating openly in community activities. In some cases, participants described avoiding healthcare facilities because they worried about receiving negative treatment from healthcare providers.

One participant stated:

"I was worried that healthcare workers would treat me differently after knowing my HIV status." (PLWHA05)

These findings demonstrate that stigma remains one of the most significant social barriers affecting HIV prevention and healthcare utilization. Similar findings have been reported in previous studies indicating that stigma and discrimination contribute to delayed HIV testing, poor treatment adherence, social withdrawal, and reduced utilization of healthcare services among vulnerable populations (Sweeney & Vanable, 2021; Nyblade et al., 2020). HIV-related stigma not only affects psychological well-being but also weakens public health efforts to control HIV transmission within communities. Individuals who fear discrimination may avoid HIV testing and counseling services, thereby increasing the risk of undiagnosed HIV infection and delayed treatment initiation. Therefore, stigma reduction programs and public education regarding HIV/AIDS are important strategies to support more effective HIV prevention efforts.

Fear of HIV Status Disclosure

Fear of HIV status disclosure emerged as another important psychosocial issue experienced by participants. Many participants preferred to keep their HIV status confidential because they feared social rejection, discrimination, damaged relationships, and negative reactions from family members and communities.

One participant explained:

"I have not told many people about my condition because I am afraid they will avoid me." (PLWHA03)

Another participant stated:

"I worry that my family will feel ashamed if other people know about my HIV status." (MSM01)

Participants described experiencing constant anxiety regarding accidental disclosure of their HIV status. Some participants explained that maintaining secrecy regarding their condition created emotional pressure and reduced opportunities to obtain emotional and social support from others. Fear of disclosure was strongly associated with social stigma and community perceptions regarding HIV/AIDS. Similar findings have been reported in previous studies demonstrating that fear of HIV status disclosure contributes to emotional distress, social isolation, delayed healthcare access, and reduced treatment adherence among PLWHA (Yasin & Simanjuntak, 2023; Smith et al., 2021). The findings indicate that supportive social environments and confidential healthcare services are essential to encourage individuals to seek HIV testing and treatment without fear of

discrimination. Community acceptance and family support may help reduce anxiety associated with HIV status disclosure.

Limited Social and Family Support

Limited social and family support was another important issue identified in this study. Several participants reported receiving inadequate emotional support after disclosing their HIV status. Lack of family acceptance and social support contributed to loneliness, sadness, emotional burden, and reduced self-confidence.

One participant stated:

"After people knew my condition, some of my friends started to distance themselves from me." (PLWHA02)

Another participant explained:

"Support from my family helped me continue treatment, but not everyone has supportive families." (PLWHA06)

Participants who received positive family support described feeling more motivated to continue treatment and maintain healthier behaviors. Conversely, participants lacking social support often experienced greater emotional distress and social isolation. These findings are consistent with previous studies indicating that family support and positive social relationships play important roles in improving psychological well-being, treatment adherence, and healthcare engagement among PLWHA (Li et al., 2020). Strong social support systems may help reduce stress and improve emotional resilience among vulnerable populations. Supportive environments from families, peers, healthcare providers, and communities are essential to strengthen psychosocial well-being and reduce stigma-related stress among high-risk youth and PLWHA.

Risky Sexual Behaviors and Barriers to HIV Prevention

Risky sexual behaviors and barriers to HIV prevention were also identified among participants. Several participants reported inconsistent condom use, multiple sexual partners, limited sexual health knowledge, and reluctance to undergo regular HIV testing. Fear of stigma, embarrassment, and inadequate sexual health education contributed to these behaviors.

One participant stated:

"Many young people still feel embarrassed discussing sexual health openly, so they do not receive enough information about HIV prevention." (FGD02)

Another participant explained:

"Some people are afraid to get tested because they worry about receiving positive results." (MSM04)

Participants also described concerns regarding confidentiality and fear of social judgment when accessing HIV prevention services. Limited youth-friendly healthcare services and inadequate HIV education were identified as barriers affecting HIV prevention efforts among vulnerable populations.

These findings indicate that HIV prevention requires not only medical interventions but also psychosocial and educational approaches addressing risky behaviors among high-risk youth. Previous studies have similarly reported that low HIV knowledge, stigma, and limited healthcare access contribute to unsafe sexual practices and low utilization of HIV prevention services (Peltzer

& Pengpid, 2021). Improving sexual health education, increasing public awareness regarding HIV prevention, and providing youth-friendly healthcare services are important strategies to reduce risky sexual behaviors and improve HIV prevention outcomes among vulnerable populations.

Implications for HIV Prevention Programs

The findings of this study highlight the importance of strengthening psychosocial support and community-based HIV prevention strategies among vulnerable populations in Deli Serdang. Psychosocial burden, stigma, fear of disclosure, discrimination, and limited social support continue to hinder HIV prevention efforts and healthcare access among high-risk youth. Comprehensive HIV prevention programs integrating psychosocial counseling, peer support, stigma reduction initiatives, sexual health education, and youth-friendly healthcare services are essential to improve HIV prevention outcomes. Collaboration among healthcare providers, policymakers, families, educational institutions, and community organizations is needed to create supportive social environments and reduce discrimination toward vulnerable populations.

In addition, strengthening peer support systems and community participation may improve psychological resilience, treatment adherence, and healthcare engagement among people living with HIV/AIDS and high-risk youth. Public education regarding HIV/AIDS should also be strengthened to reduce misconceptions and encourage supportive attitudes within communities. Overall, this study demonstrates that psychosocial and social barriers remain major challenges affecting HIV prevention efforts among high-risk youth in Indonesia. Addressing these psychosocial factors is essential to support more comprehensive, effective, and sustainable HIV prevention programs.

CONCLUSIONS

This study identified various psychosocial challenges and barriers affecting HIV prevention efforts among high-risk youth in Deli Serdang, Indonesia. Stigma, discrimination, emotional distress, fear of HIV status disclosure, limited family and social support, risky sexual behaviors, and barriers to healthcare access were found to significantly influence healthcare-seeking behavior and participation in HIV prevention programs among vulnerable populations. The findings indicate that psychosocial burden remains an important public health issue affecting the psychological well-being, social interaction, and healthcare utilization of people living with HIV/AIDS and high-risk youth. Social stigma and inadequate community education continue to contribute to delayed HIV testing, fear of disclosure, and limited utilization of HIV prevention and treatment services. This study highlights the importance of strengthening psychosocial support systems and developing comprehensive community-based HIV prevention strategies. Improving public education regarding HIV/AIDS, reducing stigma and discrimination, strengthening peer and family support, and increasing access to youth-friendly healthcare services are essential to support more effective HIV prevention programs among vulnerable populations. The findings of this study are expected to contribute to the development of psychosocial and community-based interventions for HIV prevention in Indonesia, particularly among high-risk youth populations. Further studies are recommended to explore long-term psychosocial interventions and community empowerment strategies to improve HIV prevention outcomes and quality of life among vulnerable groups.

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