

Description of Resilience in Adolescents with HIV/AIDS

Anggi Oktapia S^{1*}, Arthur Huwae²

^{1*),2} Faculty of Psychology, Satya Wacana Christian University

ARTICLE INFO

Article history:

Received 01 November 2022
Accepted 19 February 2023
Published 10 April 2023

Keyword:

Resilience
Adolescent
HIV/AIDS

ABSTRACT

The stigmatization of PLWHA persists, causing it difficult for PLWHA to participate in social activities. Due to prejudice, intimidation, and neglect, self-exploration is inhibited for HIV-positive individuals, particularly adolescents. As PLWHA, adolescents must be able to learn and develop their resilience to survive in challenging conditions and times. Therefore, this study aims to determine the resilience profile of adolescents affected with HIV/AIDS in Salatiga City. The methodology employed is qualitative and phenomenologically descriptive. The participants were two adolescents in their late 20s who were infected with the HIV/AIDS virus and resided in Salatiga City. Interviews, observations, and data triangulation were used to collect information. The results indicated that the resilience of PLWHA adolescents was correlated with their capacity to respond to problems healthily and effectively. The resilience-building processes of the two PLWHA adolescents share similarities. This was evident from the two PLWHA adolescents' emotional regulation, impulse control, optimism, problem-solving skills, empathy, self-efficacy, and accomplishment. In addition to elements, the two PLWHA adolescents experienced a variety of characteristics that affect resilience, including spirituality, self-esteem, and social support. Despite specific disparities in creating resilience, it is evident that the two adolescents living with HIV are already resilient since they can adjust to their conditions as PLWHA and continue to live productive lives as late adolescents.

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Kata kunci:

Resiliensi
Remaja
HIV/AIDS

*⁾ corresponding author

Anggi Oktapia S
Faculty of Psychology, Satya Wacana
Christian University
Sitiprojo-Nanggulan St. 07 Neighborhood
Unit /05 Community Unit
Kutowinangun Kidul Urban-village, Tingkir
Sub-district, Salatiga

Email: 802019190@student.uksw.edu

DOI: 10.47679/makein.2023119

ABSTRAK

Stigmatisasi pada ODHA masih terus terjadi, sehingga sering kali individu ODHA merasa sulit untuk hidup di tengah kehidupan sosial. Individu ODHA khususnya remaja juga mengalami problematika mental yang sangat berat ketika ada dalam lingkungan sosial, sehingga eksplorasi diri menjadi terhambat karena adanya diskriminasi, intimidasi, dan pengabaian. Sebagai ODHA, individu remaja harus bisa belajar dan membentuk sarana diri berupa kemampuan resilien, agar dapat bertahan di situasi dan masa-masa sulit. Maka dari itu, penelitian ini bertujuan untuk mengetahui dan mengidentifikasi secara mendalam mengenai gambaran resiliensi pada remaja yang terjangkit virus HIV/AIDS di Kota Salatiga. Pendekatan yang digunakan adalah kualitatif dengan desain deskriptif fenomenologi. Partisipan yang terlibat sebanyak 2 remaja akhir usia 20 tahun yang terjangkit virus HIV/AIDS dan tinggal di Kota Salatiga, dengan menggunakan teknik purposive sampling. Pengumpulan data melalui wawancara, observasi, dan triangulasi data. Hasil penelitian menunjukkan bahwa resiliensi remaja ODHA berhubungan dengan bagaimana mereka dapat merespon setiap permasalahan secara sehat dan produktif. Kedua remaja ODHA memiliki kemiripan dalam proses pembentukan resiliensi. Hal ini tampak dari bagaimana kedua remaja ODHA dapat memenuhi aspek regulasi emosi, pengendalian impuls, optimisme, kemampuan menganalisis masalah, empati, efikasi diri, dan pencapaian. Selain aspek, kedua remaja ODHA juga mengalami berbagai faktor yang membentuk resiliensi, yaitu spiritualitas, harga diri, dan dukungan sosial. Meskipun terdapat beberapa perbedaan

dalam proses pembentukan resiliensi, secara keseluruhan dapat dilihat bahwa kedua remaja ODHA sudah resilien karena dapat beradaptasi dengan kondisi mereka sebagai ODHA serta tetap produktif menjalani hidup mereka sebagai individu remaja akhir.

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INTRODUCTION

Human Immune Deficiency Virus (HIV) is a virus that weakens the immune system. In contrast, Acquired Immune Deficiency Syndrome (AIDS) results from a compromised immune system, a sign of disease (Djuanda in Febrianti, 2017). People who are HIV and AIDS positive are referred to as PLWHA (People with HIV/AIDS). Several factors contribute to the transmission of HIV, including sexual contact with an HIV-positive partner, sharing needles with HIV-positive individuals, and receiving blood transfusions from HIV-positive individuals (Nasronudin in Hati, Shaluhiah, and Suryoputro, 2017). Sharing needles is common among drug users who inject non-sterile substances.

Sharing needles with drug addicts account for 11.4% of HIV transmission in Indonesia, according to the Ministry of Health (2016). In 2020, the number of individuals living with HIV/AIDS (ODHA) in Indonesia will reach 543,100. According to the Director for the Prevention and Control of Infectious Diseases, there is a 0.26% concentration of people living with HIV over the age of 15 years. According to cumulative data from the Salatiga City Health Office, 156 people have been diagnosed with HIV, 187 with AIDS, and 77 deceased. According to the accumulated data, 215 people were infected with HIV/AIDS owing to heterosexual sex, 48 people due to gay sex, 1 person due to bisexuality, 65 people who injected drugs, and 6 people during pregnancy. According to the most recent data, between January and May of 2022, 3 individuals were diagnosed with HIV, 5 people were diagnosed with AIDS, and 2 died. Four heterosexual individuals, 2 homosexual individuals, and 2 bisexual individuals account for the most recent data.

Even though HIV/AIDS is not unfamiliar to society, people with HIV/AIDS are frequently stigmatised by their surroundings. This is generally the result of a lack of public education or awareness about the HIV/AIDS virus; the community also lacks socialisation regarding the transmission and prevention of HIV/AIDS; hence incorrect answers are expected. Approximately fifty% of HIV-positive men and women experience stigma and discrimination since society views HIV-positive people as a group whose behaviour varies from that of the general population (Mason in Ardani, 2017). According to Shaluhiah (2015), those who attach a negative stigma to PLWHA typically assume that a person's HIV/AIDS is the result of immoral, socially unacceptable behaviour. Stigma and prejudice towards PLWHA might result in their environment, including their family and friends, isolating them. PLWHA will also endure expulsion, termination of employment (PHK), assault, diminished social support, and loss of access to health care, education, and other rights, in addition to social exclusion. Thus, adolescents will grow shy and reluctant to disclose their status as PLWHA to their families and communities. This is consistent with Yi's (2018) assertion that most adolescents with HIV/AIDS do not disclose their identities as PLWHA to their environment, including their families, due to stigma-related pressure and

worry. This is consistent with the findings of Ashaba et al. (2019), who state that adolescents with HIV/AIDS frequently close themselves off in order to prevent embarrassment and isolation and protect themselves from being harmed by others.

Stigma against PLWHA is typically perceived as a cynical attitude and irrational dread of PLWHA. Stigma and discrimination can even damage the mental health of PLWHA to the point of creating depression (Savitri, 2019). As a result of stigma and prejudice, PLWHA will experience feelings of melancholy and anxiety, sadness, remorse, and worthlessness, as well as shame, which will ultimately hinder their recovery process. According to Ardani and Handayani (2017), stigma and discrimination prevented one in eight PLWHA from getting health services. This is consistent with Li, Wang, He, Fennie, and Williams's (2012) assertion that the quality of life of PLWHA will also be affected, wherein the quality of life of PLWHA will diminish, restrict access to health service utilisation, and decrease adherence to antiretroviral medications (ARV). In Indonesia, the most significant hurdles to preventing and controlling HIV/AIDS are stigma and prejudice against PLWHA.

In confronting life's problems, PLWHA must encounter difficulties and barriers, particularly PLWHA in their adolescents, who still have many hopes and aspirations for the future. Primarily due to the stigma and discrimination directed at PLWHA, adolescents who have the HIV/AIDS virus will be anxious. This undoubtedly affects their resilience or resistance. According to Taormina (2015), resilience refers to a person's capacity to endure and recover from hardship and his or her elasticity, suppleness, and recovery skills. This is consistent with Lacoviello's (2014) definition of resilience, which stipulates the capacity to overcome and recover from adversity. According to Savitri (2019), resilience is not just the result of a person's effort to achieve anything; however, also the result of a lengthy trip and a complex process in which individuals strive to enhance their competence each time they engage with their environment. Adolescents who are infected with HIV/AIDS and have a high level of resilience tend to avoid harmful psychological risks or disturbances; therefore, there is hope for adolescents who are infected with HIV/AIDS to continue to attend therapy regularly, regain their motivation to pursue their goals, and be able to adapt positively (Sharkey & Schnoebelen in Aunillah, 2015). Infected with HIV/AIDS, adolescents currently enrolled in school can also benefit from a high degree of resilience (Detta, 2017). According to Reivich and Shatte (2002), individuals with a high level of resilience will be able to overcome adversity and return rapidly to their initial state. Resilience will aid adolescents in overcoming life's obstacles and lower depression rates caused by risk factors (Wilks & Pinquart in Mujahidah, 2018). Low-resilience adolescents will be affected by low self-confidence and pessimism, and they will tend to experience significant levels of depression (Bitsika, Sharpley, & Peters, 2010).

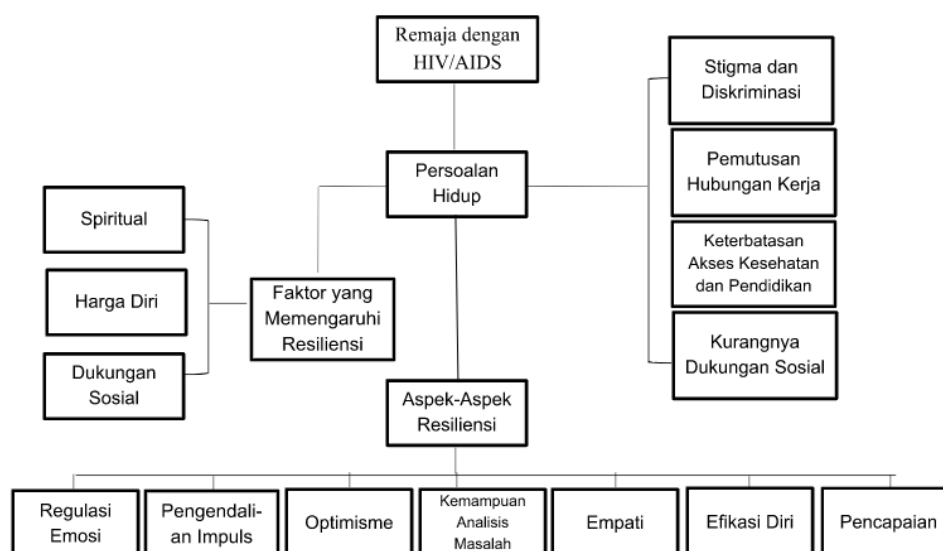
According to Lacovellio and Charney (2014), three psychosocial elements affect resilience, namely cognitive,

behavioural, and existential components. Cognitive elements will affect how a person perceives their situation. Additionally, optimism affects cognitive elements, which allude to retaining a positive outlook on the future (Carver, Scheier & Segerstrom, 2010). This pertains to adolescents with HIV/AIDS who have plans and aspirations for the future; therefore, adolescents infected with HIV/AIDS require a high level of resilience to keep their optimism and hope. Youth with HIV/AIDS can endure challenging situations and avoid dread or worry if they have an optimistic outlook. When a person is in a challenging position and attempting to think positively, they require assistance or social support to boost their resilience, which can be achieved through behavioral aspects. In a challenging circumstance, a person requires assistance from family, friends, and coworkers. This is consistent with Taormina's assertion that social support is vital to a person's recovery from a challenging event. Moreover, for some individuals, the existential component components can be associated with religion or spirituality. This relates to resiliency, as spirituality can assist a person in achieving knowledge of life and the meaning of their life amid challenging circumstances. Adolescents with HIV/AIDS can accept their diagnosis, sustain meaningful connections, and develop optimism for the future if they are resilient. According to Merwe, Esterhuizen, and Skinner (2021), individuals must focus on coping skills, relatedness, and healthy interactions to achieve resilience.

Based on a preliminary study conducted by the coordinator of the KDS (Peer Support Group) in Salatiga City, it is known that homosexual behaviour is the primary cause of HIV/AIDS infection in adolescents. Some adolescents exhibited an extremely pessimistic demeanour when they first learned that they had contracted HIV. They retreated inside themselves, and their facial expressions suggested that the load was so great that it harmed their mental health. On the other hand, other adolescents displayed indifference and disbelief in the therapy's efficacy, engaging in their regular

activities without undergoing treatment. Since adolescents infected with HIV/AIDS are still in school, they fear discrimination or stigma if their identity is revealed. They are surrounded by individuals living with HIV. Thus, they must act like typical adolescents, pretend everything is fine, and continue to conceal their status as PLWHA. This is consistent with the findings of Savitri and Purwaningtyastuti's (2019) study, which determined that the background of adolescent subjects infected with the HIV/AIDS virus was being victims of trafficking and having sexual contact with someone who had previously been infected with HIV/AIDS. When the subject learned he had the HIV/AIDS virus, he displayed incredulity and could not speak or cry. In contrast to the findings of Savitri and Purwaningtyastuti (2019), the background of adolescents infected with HIV in Salatiga City is due to homosexual sex. Resilient since they can adjust to their conditions as PLWHA and remain productive in their lives as individuals in their late adolescents.

Based on the above explanation and the findings of the interviews performed, it can be stated that adolescents with HIV/AIDS will be able to overcome challenging conditions if they possess resilience abilities. Individuals with a high level of resilience who initially had fears of discrimination from health, feelings of confusion, and fear of negative stigma as a result of being infected with HIV were ultimately able to overcome life's pressures and become successful individuals, as supported by research findings. Superior to before. This research is intended to help adolescents realise that problems will always exist. Individuals might become more mature and developed due to the challenges they confront as they gain experience in finding solutions to their difficulties. Based on the context of the abovementioned issues, the topic in this discussion is: how do adolescents with HIV/AIDS in Salatiga City demonstrate resilience? This research intends to discover and characterise resilience in adolescents with HIV/AIDS in Salatiga City. The following is a summary of the study:



METHOD

Research Plan

This study employs a qualitative methodology with a descriptive phenomenological design. Qualitative research

seeks to discover and describe in narrative form the activities performed and the effects of those actions on the participants' life. Creswell (2013) asserts that qualitative research methodologies have a flexible structure. Those engaging in this research must employ an inductive research approach, which focuses on the particular meaning of a topic and

translates its complexity. Researchers employed a descriptive phenomenological technique to gain an in-depth understanding of resilience among HIV/AIDS-infected adolescents.

Research Participants

Participants in this study were late adolescents between 18 and 21 who identified as PLWHA and were willing to participate in research by completing an Informed Consent letter. Participants were selected using the technique of purposive sampling. All data in this study comes from two participants. To safeguard the participant's anonymity, the researcher only uses their initials when referring to them.

Research Focus

This study focuses on the resilience of Salatiga City adolescents infected with HIV/AIDS. Researchers are interested in how adolescents with HIV develop resilience.

Data Collection Procedures

According to Reivich and Shatte (2002), the approach for obtaining research data utilised interview techniques based on components of resilience, namely emotion management, impulse control, optimism, the capacity to evaluate situations, empathy, self-efficacy, and achievement. In addition to elements that affect resilience, according to Mississi and Izzati (2019), spirituality, self-esteem, and social support, the researchers additionally compiled depending on aspects. Due to the participants' desire to avoid meeting in person, this interview will take place online. During the interview, books, stationery, recorders, and mobile phones were auxiliary equipment. Following this, the interview data will be examined. They obtained in-depth knowledge by employing the same strategies when posing inquiries.

Data Analysis Technique

The data analysis technique employed is an interactive analysis technique, which comprises four components of the analysis process (Rijali, 2018), namely:

1. **Data Collection.** Field-based data collection will correlate with mining methodologies, data sources, and types. In qualitative research, data sources take the form of words and acts; the remainder consists of extra data, such as documents, photographs, and statistics. The primary source consists of the subject's statements and actions, which can be gathered via video or audio recordings. Various written sources, such as books, scientific periodicals, personal documents, and official documents, can provide further information.
2. **Diminution** Data reduction involves choosing, concentrating, reducing, abstracting, and translating raw data into recorded field notes. Data reduction consists of four steps: data summarisation, coding, theme identification, and cluster formation. This is accomplished by choosing, summarising, and classifying data into a larger pattern.
3. **Data Presentation.** The presentation of data is done to compile a set of information that makes it feasible to draw conclusions and take action. Data presentation in qualitative research may take the form of narrative prose, matrices, graphs, networks, or charts.
4. **Concluding** remarks While conducting fieldwork, researchers continue to develop subsequently validated

inferences. This can be done by thinking back during writing, reading field notes, evaluating and brainstorming to establish intersubjective agreements, and trying to insert a copy of a finding in another data set.

RESULTS AND DISCUSSION

Participant Identity

Participant 1 (D). The first participant is 20-year-old male. He is a college student and works in a private corporation's administrative section. P1 is originally from Salatiga and currently resides there. His parents are deceased; thus, P1 is currently living alone.

Participant 2 (A). The second participant is a 20-year-old female who is a college student in Salatiga. Participant 2 resides in Salatiga City with his parents.

The Beginning of the Problem

Participant D explained that he was infected with HIV/AIDS in August 2020 due to a blood transfusion. Participant D stated that donating blood had become routine for him. One day after participant D donated blood, he received a phone call informing him that he had infected the HIV/AIDS virus. *"I didn't even know, at first, so it's a habit to donate blood. After donating blood, how come for this last one I was called? Ahh, I assumed it was because the blood supply was low, and I kept calling for volunteers; I was informed that."*

Participant A indicated that she did not know precisely when she caught the HIV/AIDS virus; however, she began being tested for HIV/AIDS in sixth grade and tested positive. Initially, participant A's mother was ill and tested positive for HIV/AIDS; consequently, participant A was also infected with the HIV/AIDS virus. *"I'm not sure in detail. Because I was tested in primary school, in sixth grade, because my mother became ill, there were things I didn't want, and I was required to try them. But I picked it up in elementary school or a long time ago."*

Resilience in Adolescents with HIV/AIDS

Emotional Regulation

Regarding emotion control, Participant D stated that he was initially astonished to learn that he was HIV/AIDS positive. Participant D believed he had never had sexual contact; hence he could not be HIV/AIDS positive. Ultimately, he could maintain composure and regulate his emotions by accepting that his life must continue and thinking positively. In this regard, participant D also reported being able to maintain attention on his everyday chores. *"Do you have emotional control? Yes, emm, like try to be more sincere. I mean, emm, at that time, I were told to be infected, then I was quiet, I wanted to cry; I was also confused. That's it. Sometimes I was confused about how I can get hit like that, it's sad". "So, what can I do? If I want to make things worse, it won't make things better." What I mean is that I now live alone, I don't have parents anymore, so if I want to continue giving up on life in the sense that I think about it, then I worry I won't be able to focus on other things. Do you get it? That's all."*

Regarding emotional control, participant A indicated that she was relatively calm when she discovered she was infected

with the HIV/AIDS virus. At the time, she was in the sixth grade of primary school and did not know much about HIV/AIDS. However, she ultimately sought out more information and was astonished to learn that HIV/AIDS was a terrible condition. In the end, though, participant A calmed down after speaking with several people who had experienced the same disease. Participants stated that PLWHA is the same as non-infected individuals, except that they must take vitamins daily. In addition, she stated that her status as a PLWHA did not affect her concentration; instead, she became less productive due to the drug's side effects. *"I'll take better care of myself if I don't panic. I'm at college, I'm already 20 years old, and I'm convinced I've found a companion. So I immediately thought that I shouldn't get strange if... like... it's contagious or something like that.. but I didn't tell anyone, and that's all" "It is okay for being focus in my daily activities since I'm a student, so it doesn't have any effect; it merely appears to have an effect after taking medicine. I wanted to sleep early; therefore, I can't stay up late anymore"*

Impulse Control

Regarding impulse control, Participant D reported that his condition as a PLWHA did not impede their ability to resist wants or impediments. He also stated that he gives little thought to internal pressure. Participant D stated that his attitude of not overthinking about difficulties stems from his parents' upbringing and customs. *"Stress? Oh, no, I'm not that person. I mean, for their thoughts, I feel like a normal person, even though they may think something bad. It's a disease, a big deal, and other people think bad about it. But it's okay, and it doesn't affect my life either"*.

On the other hand, participant A, with aspect of impulse control, stated that she realised that his status as a PLWHA would impede her ability to fulfil her goals as a doctor; consequently, she was seeking alternative means to attain her future goals. Meanwhile, Participant A tended to ignore and disregard the stigmatisation of PLWHA in the community to alleviate the associated burden. Participant A stated that she maintained a cheerful outlook since she continued to obtain blessings and engage in her activities. In addition, she could think positively after being appreciative and realising that her life is superior to that of others. *"I want to be a doctor; however, I believe that I can't. Then some of my families know about it. Therefore, I think I cannot have such a sickness as a doctor—so I tried to control myself by looking another department with different major. For the external pressure, it must be the community's stigma. But I don't think much about it. I don't ask food and their money. I just think like they're followers, hehe" "For thinking positively.. since anything I ask, I get it. And I'm still free to go anywhere just like any other person; the only difference is that I take medicine every morning and evening. Then, I get invitation to gather with my relatives frequently... we also meet many old people, adolescents, and even newborns, and I think, It's not strange anymore, you know, the era is like this now."*

Optimism

Regarding optimism, participant D stated that what will occur in the future is affected by current circumstances, specifically his HIV status. It is merely that participant D can discover his future life goals without his deases. He desired to have a successful career. Additionally, Participant D experinced that the infection in his body will be diminished; however, not eradicated. *"The future... oh, no. No one knows*

about the future, but I am certain that what we are forming now, what we are doing now, is also certain for the future, like what happens to me right now, what do I mean by I experienced this disease, I can improve relationship with others. I don't know Ms Uut, but I do now. I thanked myself that I'm still being strong like today, and I can still meet other people. For the future, I hope I'll be even better. I think it's impossible for being cured but if it's for get a better thing, like the number of viruses increased."

In terms of optimism, participant A stated that she would like to work in the social sector to eliminate the negative stigma associated with HIV/AIDS. She has attempted to share her knowledge with her peers. In the instance of HIV/AIDS, participant A acknowledged that a complete recovery was unlikely; however, she remained hopeful that the infection in her body may be diminished. *"I genuinely want to remind people that the bad stigma surrounding HIV/AIDS is wrong. Yes, it's awful, it's done because of someone's badness, but it's not always the person who gets it is a bad person, you know, so I feel like I want to tell you, sharing it." "If it's entirely recovered, there isn't a virus anymore. I think it's a little chance to expect for the virus truly isn't in my body since I've searched too, I've looked for some on the internet if it really can't be cured, but only to lessen."*

Ability to Analyse Problems

Initially, participant D did not believe that the HIV/AIDS virus could be spread by blood while analysing the situation. However, after being exposed to the HIV/AIDS virus and learning about its causes, participant D became more conscientious about preserving his environment to avoid infection. He added that having HIV/AIDS taught him the meaning of life, namely that he can advance a thousand steps when he accepts his circumstance.. *"As long as I live with this disease... I thought that It was a small change for being infected through the blood, but I started to realise that the spread not only from having sex, it can be from many things, like in my case, when I bleed, it was better to keep distance from others, just handle it by myself. I was afraid it will become a burden to other people, haha, it can be complex if people are infected because of it"*

Participant A stated that she did not analyse her illness while analysing the situation. Participant A cannot blame her for this since she caught HIV/AIDS when she was young and was infected by her parents. However, she changed she behaviour to prevent infecting those around her by avoiding sexual relations. *"I'm judging whether it's genuinely from hereditary; if it's from heredity, it's from the mother's blood and breast milk I think. Even now, I'm still nursing my baby, and I didn't realise it from the beginning. Then one family and the other family are' t communicating often, not being open enough to one another, that's it." "I have more control over myself to do negative things like adolescents do, then it's like I'm learning to be grateful too because not everyone feels what I feel, then some even feel more pity to me after listening what I said. There is a child is thrown away by their parents because don't meet their expectations. When they know that their child is infected by HIV."*

Empathy

Regarding empathy, participant D stated that he did not react to the HIV/AIDS-infected individuals around him, and neither did he experience the emotions of those around him. However, participant D stated that by joining the association, he could expand his social circle and hear the experiences of

his neighbours. *"Even if this disease isn't amusing, it's not funny. But when you know the same people that are being infected too, it can add the relationships with others. Then they sometimes tell me what they experienced, so it's entertaining, it makes me more confident, like yeah it's okay I mean, I'm not overly emotional, just try to act normal because people have different destiny, right?"*

In the meantime, participant A's empathy revealed that she felt terrible for those affected by the HIV/AIDS virus, particularly for infants whose parents had abandoned them and had physical disabilities. Participant A stated that she could strengthen the association and benefit by joining. Participant A stated that he demonstrated empathy by encouraging his close friends from other cities. *"Their response are.. feel sorry for sure. Feel sorry, especially when it's tiny children abandoned by their parents; it even affects their physical development who can't hear or talk. The other response are more like strengthening one another, because every time we meet, it's like, okay, we share, tell stories, strengthen like we have a job or something, and try to help one another. So it's like having a team, that's all. I believe it has positive impact."*

Self-Efficacy

Regarding self-efficacy, participant D stated that the negative stigma associated with his status as a PLWHA did not pose a problem for him, and he was indifferent. He also stated that he believed he would have a bright future due to overcoming numerous life obstacles. *"I don't care as long as they don't feed or support me, that's not their business. That's my opinion hehe."* *"I've been through a lot of failures in life, like being abandoned by both of my parents, so it's okay, why don't I try to think positively?"*

As for self-efficacy, participant A reported that her status as a PLWHA did not bother her. It solves difficulties; she preferred to engage in other activities with her pals when she believed she cannot be open to telling stories to others around her. *"it's okay in term of social relationship. I can't tell my friends about my condition, who I am, then I can't say what I feel, that's how it is, so I'm better, okay, yeah, I'm going out with friends, I just want to be happy, having fun, only talk about the happy things, and for the bad ones, just leave it."*

Achievements

Participant D stated that he did not experience any worry after contracting PLWHA. Participant D stated that he had made little attempt to improve the positive aspects of his life; however, that he had always desired to be able to assist others. Additionally, participant D stated that his status as a PLWHA should not prevent him from walking. *"What people see from the person like me... is.. I am friendly, easy to do this or that even though we didn't know each other before. I think it's cool if I create a positive affect. Does it have a beneficial impact or not, I mean if I can help people while I can, why not?"* *"If it's a life lesson, I don't think there is one; it's fine to live that way. However,, you know, that one problem you have, no... it shouldn't stop your progress there."*

In contrast, participant A reported worry concerning achievement; however, she did not know if the anxiety was a side effect of the medicine. In addition, she stated that she wished to enhance the positive sides of her life and shield others around her from HIV/AIDS infection. *"Em... I want to; I'm sure everyone wants to increase the positive aspect; I want to be able to deal with conditions without being overthinking."* *"The lessons I've learned require me to be more*

grateful, more appreciative of the time, more... protect the people around me. It won't be possible because if I don't have positive thoughts, I'll take them out, put them on. I always think; let it flow "

Factors Affecting the Formation of Resilience in Adolescents with PLWHA

Spirituality

Regarding the elements that affect resilience, participant D stated that his HIV/AIDS infection did not affect his spiritual relationship. He stated that his spiritual connection remained the same before and after he was diagnosed with HIV. *"If becomes closer, maybe yes.. it's not because this infected me, you get it? it's because of self-awareness. I mean, if God has given you a blessing, how can you not be grateful for what God has given you? So it's the same as before."*

Regarding the factors affect participant A's resilience, she stated that her status as a PLWHA affected her spiritual relationship, and this is since she is personally closer and more reflective. *"It has greater affect as I get closer because I'm more self-introspective. Have I ever been incorrect; thus, I'm like this, then that's a habit, then I'm seeking it too. My mother always stated that if someone is given a disease it means Allah loves her. Allah will one day remove her sins. So I reasoned, "Oh, maybe the way Allah gives me this disease so that I might lessen my sins like that."*

Self-Esteem

Regarding the self-esteem aspect that affects resilience, participant D indicated that he could accept the situation. He considers himself a fantastic individual since he overcame life's numerous obstacles. *"When I look at my life or myself these days, I think, wow duds, you're cool hehehe. I mean, I feel cool because only some people who get this test.. not a test, maybe.. God has blessed me in another way, but I can still run it until now, that's all."*

Self-esteem aspect participant A; stated that she could accept the circumstance and be apathetic. Additionally, she stated that she believed herself capable of handling a variety of scenarios. *"I judge myself, I just feel stronger in dealing with things. If it hurts, just let it happen; after all, a lesson must be learnt."*

Social Support

Regarding social support, participant D reported that she maintained positive relationships with his environment and has disclosed his HIV status to various friends and family members. Participant D stated that his support system had an impact on his life. *"Uch, they genuinely laugh at it, you know it's strange, like "how can a fat person like you feel i " doesn't make it laugh, right? but it's like they're only joke, they don't look at it sideways. I don't look it as a strage thing. It's more like being sincere. It's a blessing to know Ms Uut. I feel like there was a support system from other people, so other people affect my life too."*

Participant A indicated that she was not yet ready to disclose her status as PLWHA; however, that her social relationships with her friends were satisfactory. Her family was unaware of Participant A's HIV status, and she was constantly reminded to take vitamins. *"For social relationships with friends are normal. But I'm not going to tell them because I don't want to burden their brains with it, and I also don't want them to have a mindset like, "Uch, she is*

infected by HIV: "It appears as though there are negative stigma when they spend their time with me. They always support me for things like, take vitamins... because they already know that I've been taken it since I was a child, I have to take it all the time, so if the reaction from the family is only ask me to eat... eat lots of fruit, take lots of vitamins E, C, and so on."

In establishing resilience in adolescents affected with HIV/AIDS, the authors discovered both differences and similarities based on their examination of the research data. The following is a discussion of the two participants' resilience-building experience. In this study, two participants exhibited emotional regulation similarities and differences. Participant D was astonished when he discovered he had HIV/AIDS; however, participant A was not shocked; however, experienced fearful upon learning about HIV/AIDS. According to Loewenstein, Wills, and Hartman (in Mestre, 2017), emotional dysregulation can impede decision-making, raise anxiety, and result in a lack of social competence. After learning that they were HIV-positive, neither participant D nor participant A experienced that they had lost concentration in their daily lives, indicating that participants exhibited effective emotional control. According to Tiwari (2015), HIV/AIDS patients most frequently experience dysfunctional attitudes about sickness, depressive symptoms, anxiety, and psychosomatic disorders. They will either bring new health concerns or sustain and exacerbate existing ones. With good emotional regulation, the two individuals experienced fewer positive emotions and more negative emotions; they were also able to mitigate the harmful impacts of HIV stigma on their emotional health.

According to Dias and Cadime (2017), girls report more muscular impulse control and resilience than boys. The participants in this study have varying levels of impulse control. Participant D felt that nothing was hindered and they were not under any pressure as PLWHA. On the other hand, participant A experienced that her status as a PLW impeded her future career aspirations in the medical field. However, participant A could pursue her goals through various means. From the participants' statements, it was evident that participant A had reasonable impulse control and could discover alternate means to satisfy her desires. Participant D, on the other hand, possesses a unique nature; thus, there are no obstacles that must be managed.

In terms of hope, the participants had something in common: the HIV/AIDS virus in their systems would reduce; however, a complete recovery was unlikely. The participants also believe that what they are presently experiencing could serve as a future means of achieving their goals. According to Miller, Park, Smith, and Windschitl (2021), people tend to be optimistic about unpredictable and desirable outcomes; furthermore, one can be optimistic since many individuals believe that other individuals should likewise be optimistic, even when presented with the appropriate option. In this study, it appears that the participants were aware that a full recovery from the HIV/AIDS virus was improbable; hence they lacked optimism regarding a full recovery. Nonetheless, the two participants knew that the HIV/AIDS virus in their systems might be reduced; thus, they were hopeful that their health as PLWHA would improve with fewer viruses over time. According to Douce et al. (2012), there are reasons for PLWHA to be optimistic about curing HIV infection, although this will not be possible shortly. This optimism is based on the progress made in several promising fields and the emergence of new opportunities to achieve a cure.

In addition, the participants exhibited comparable approaches to problem analysis. Since participant D and

participant A were infected with the HIV/AIDS virus, they were more cautious to prevent infecting others. According to Suharjo and Kuntjoro, problem analysis has several processes: comprehending the problem, developing a solution, executing the plan, and reflecting on the results. According to the results of this study, it appears that both individuals possess solid problem-analysis skills. Participants D and A had already identified PLWHA as the source of their issues. The participants already knew why they were infected with HIV and were able to consider strategies to prevent their difficulties from occurring to others. This was demonstrated by participants D and A, who stated that they would be more cautious about preventing the transmission of HIV.

Empathy is the capacity to feel what another person feels. According to Bloom (2017), empathy is perceived as having a beneficial effect, promoting goodness and restraining violence, backed by empathic distress experiences that increase the likelihood of prosocial action towards suffering others. In terms of empathy, participants D and A differ from one another. Participant D appeared less capable of experiencing the feelings of others. Participant A, on the other hand, appeared to have a great deal of compassion for those around him, tiny children infected with HIV/AIDS. In this study, participant A was infected with HIV/AIDS in childhood and lived with a family that was also affected. This resulted in a high level of empathy for other individuals living with HIV/AIDS, tiny children. Participant D, on the other hand, admitted to having an uneducated mentality and lacking empathy for HIV/AIDS patients.

Regarding self-efficacy, the participants were similarly unaffected by negative social stigma and able to act indifferently and concentrate more on themselves and their future. According to Kurniawan (2019), a high level of efficacy will affect HIV/AIDS patients' adherence to ARV therapy. In this instance, the two participants appeared to have different strategies for facing psychological obstacles and threats as PLWHA. D appeared less compliant with therapy and association, whereas A was compliant with treatment. This indicates that the two participants' levels of self-efficacy differ.

According to Garvie (2014), HIV achieves less than the normative sample and underachieves compared to projected achievement scores. HIV with encephalopathy, a condition that destroys the structure or function of the brain to the point of impairing consciousness, has much fewer accomplishments and accomplishments than HIV without encephalopathy (Garvie, 2014). In this instance, both persons with HIV/AIDS and no encephalopathy could do the same as those without HIV/AIDS. This is evidenced by the fact that both individuals continue their education while working. Each participant desired to enhance the good aspects of his or her life. In this instance, however, there was a difference between the two participants, as participant D did not feel apprehensive about his future as a PLWHA and believed it would be all right. Participant A, in contrast, experienced anxious about her future as a PLWHA.

According to Doolittle's (2018) research, there was a 67% positive relationship between Religion and spirituality. In HIV clinical outcomes, 13% of studies failed to detect such a relationship, 13% demonstrate a negative relationship, and 7% identify characteristics of religiosity and spirituality that have a negative and positive relationship with HIV clinical outcome. In this study, the two participants' spiritual beliefs differed. Participant D confessed that his spiritual relationship was the same before and after he learned he had HIV/AIDS. In the meantime, participant A disclosed that her spiritual connection had grown since realising she was HIV/AIDS

positive. Doolittle (2018) notes that a patient's religious or spiritual beliefs can be crucial to their care. This is consistent with participant experience since participant A consumed medications and nutritious foods more frequently than participant D to maintain her immunity. Religion is one of the most significant social and cultural elements of norms, values, structures, and institutions, per Vigliotti (2020). This substantially impacts human behaviour and decisions, making it essential to include it in the HIV preventive strategy.

According to Du et al. (2014), self-esteem can be acquired through significant other relationships (relational self-esteem) and is positively associated with psychological well-being. Support from significant people predicts enhanced relational self-esteem more than support from others. In this instance, both participants have adequate levels of self-esteem. Participants D and A acknowledged that they could accept their position and felt strong as PLWHA. Participant D also stated that his icy disposition was inherited from his parents, although Participant A was unaware of the negative stigma due to his family's support. According to Mohan and Bedi (2010), low self-esteem may be a factor in not safeguarding oneself or others against HIV. Nonetheless, this did not occur for the two subjects with enough self-esteem.

In addition, social support will affect PLWHA treatment adherence. Disclosure to family members substantially indirectly affects adherence via social support and self-efficacy. Two psychosocial channels, social support and self-efficacy, may positively affect ART adherence in HIV patients: In this instance, participant A still resides with her parents, whereas participant D lives independently. Participant A was entirely compliant in taking medication, and she revealed that her parents frequently reminded her to perform it in the early stages of her HIV/AIDS infection. Meanwhile, participant D was frequently absent and less consistent with medicine administration. However, both got social support from family and friends who were aware of their HIV status. Even participant D acknowledged that the affect of his environment on his life was substantial.

The preceding discussion clearly demonstrated that the participants were highly robust. This is evident from how the two participants exhibit resilience characteristics and encounter the variables that shape them. In contrast to participant D, who was exceptionally unaware of his position as a PLWHA, participant A had a greater awareness of her condition. In addition, participant D's spiritual interactions were the same prior to and following infection with the HIV/AIDS virus. On the other hand, participant A's spiritual ties were altered as long as she had the HIV/AIDS virus. Despite specific differences, both participants were able to adapt to their status as PLWHA and continued to live productive lives, particularly as adolescents.

The author's research needs to be completed; there are limits that their wish to highlight for future researchers interested in the same issue. Among these limitations is the paucity of participants necessary to comprehensively describe the process of developing resilience in HIV/AIDS-infected late adolescents. In addition, the authors do not examine the development of resilience in HIV/AIDS-infected late adolescents in Salatiga City.

CONCLUSIONS AND RECOMMENDATION

The authors offer findings on establishing resilience in adolescents with HIV/AIDS based on the research. With the HIV/AIDS virus present in a person's body, many life

difficulties will undoubtedly occur, ranging from problems with oneself as a person living with HIV/AIDS to problems with the community and environment. This causes adolescents to undergo a complicated and lengthy process of adapting and accepting their condition as PLWHA. In this study, adaptation to PLWHA status was identical for both subjects. This resemblance is a highly naive and self-centred perspective on the negative stigmas of society. The indifference of the two participants was also a result of the support they received from their friends and relatives. However, this research also reveals spirituality-related distinctions. The first participant's position as a PLWHA had no effect on his spirituality, whereas the second participant's status as a PLWHA significantly impacted his spiritual relationship. Overall, two participants have been able to adapt to their HIV-positive status, and both can be described as resilient. The approach they employ to become resilient is to be indifferent to the negative stigma of those around them and to focus their attention on those who are supportive and want to live a better life.

Suggestions for people who desire to continue this research or perform research on a similar issue include increasing the number of participants. In addition, future study is anticipated to be able to investigate the development of resilience in late-adolescents infected with HIV/AIDS in more depth in order to acquire more precise results.

Funding Statement

The authors did not receive support from any organization for the submitted work and No funding was received to assist with the preparation of this manuscript

Conflict of Interest statement

Penulis yang namanya tercantum tepat di bawah ini menyatakan bahwa tidak memiliki afiliasi atau keterlibatan dengan pihak luar manapun dan tulisan ini murni dari sumber yang dicantumkan di daftar pustaka serta tidak mengandung plagiarisme dari jurnal artikel manapun. Sumber tulisan telah dicantumkan seluruhnya di daftar pustaka.

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