



An Overview of Resilience in People with HIV/AIDS (PLWHA) at Victory Plus Foundation Yogyakarta

Nawab Husein Siregar

Department of Psychology, Faculty of Education, Universitas Negeri Yogyakarta; Jl. Colombo
No. 1, Yogyakarta, 55281, Indonesia

e-mail: nawabhusein.2022@student.uny.ac.id

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Abstract

The process of resilience is important and beneficial for PLWHA. Through the process of resilience, people living with HIV will adapt positively, avoiding various risks such as drug abuse and dangerous sexual activities. Preventing people living with HIV from experiencing these risks is related to improving their health. The purpose of this study was to determine the description of resilience in people with HIV / AIDS at the victory plus Yogyakarta foundation. This study used qualitative research methods with a phenomenological approach conducted at the Victory Plus Foundation Yogyakarta from September to November 2023. Information was obtained using in-depth interview techniques with informants, namely PLWHA. Data analysis used through data reduction, data presentation, and verification stages. The results of the qualitative analysis showed that there was high resilience in people with HIV/AIDS (PLWHA) at the Victory Plus Foundation Yogyakarta. Researchers see the resilience process from various stages, namely personal competence, trusting instincts, through positive acceptance, control, spiritual influence.

Keywords: *Resilience; PLWHA; Stigma; Discrimination*

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Introduction

HIV/AIDS is an infectious disease that attacks white blood cells, damaging the human immune system. (Pardede, 2020). This disease is very feared because it can cause death and there is no cure. The virus is found in blood and semen, and can attack and destroy white blood cells such as T-Helper cells. If affected by this disease, the immune system will weaken because other infections or diseases will also attack (Pramitha, S. A., et al, 2022).

With 40.1 million deaths to date, HIV remains the most significant public health problem worldwide. An estimated 38.4 million people will be living with HIV by the end of 2021, with 25.6 million of them or two-thirds of the total living in the African region (WHO, 2020). Vietnam, Thailand and Myanmar are the Southeast Asian countries with the highest HIV incidence (Ahdiat, 2022). The number of new HIV cases in Indonesia decreased by 3.6% in 2021, according to data from the United Nations Program on HIV/AIDS (UNAIDS, 2021). However, with 540,000 cases, Indonesia remains the country with the highest HIV population in Southeast Asia.

Despite the popularity of HIV/AIDS in society, people with HIV/AIDS are often stigmatized by those around them. This is usually because people do not know or are unaware of the HIV/AIDS virus and there is a lack of socialization about HIV/AIDS transmission and prevention. As a result, the anticipated answers will not be correct. About 25% of HIV-positive men and women are stigmatized and discriminated against because society perceives them as a group that behaves differently from others (Ardani, 2017).

Those who express negative stigma towards PLWHA usually believe that immoral behavior and social inequality are the cause of one's HIV/AIDS disease, according to Shaluhiah (2015). Sympathy and prejudice towards PLWHA can cause them to be looked down upon in their environment, including their friends and family. PLWHA will also face decreased social support, ostracization, layoffs, assaults, and loss of access to health services, education, and other rights. Therefore, adolescents will feel ashamed and will not tell their communities and families that they are PLHIV.

This is in line with the statement made by Yi (2018), which states that most adolescents with HIV/AIDS refrain from disclosing their identity as PLWHA to people around them, including their families, due to the associated fear and stigma. This result is in line with Ashaba et al. (2019), who stated that adolescents with HIV/AIDS often shut themselves down to avoid shame and isolation.

Many people regard PLWHA with apathy and unwarranted fear. In fact, discrimination and stigma can even disrupt the mental health of PLWHA and lead to depression (Savitri, 2019). As they will experience feelings of anxiety, melancholy, sadness, regret, worthlessness, and shame, stigma and prejudice will hinder the recovery of PLWHA, as stated by Ardani and Handayani (2017). One in eight PLWHA has difficulty obtaining medical care due to stigmatization and discrimination. The biggest obstacle to HIV/AIDS prevention and control in Indonesia is stigma and prejudice against PLWHA.

While living their lives, PLWHA have to face challenges and obstacles. This is especially true for adolescents living with HIV/AIDS, who have a lot of hope in the future. Adolescents with HIV/AIDS will be worried because of the stigma and discrimination against PLWHA. Taormina (2015) said that resilience includes a person's ability to survive and recover from obstacles as well as the ability to remain flexible, pliable, and recover. This definition is consistent with Lacoviello's (2014) definition, which describes the ability to overcome and recover from obstacles.

Savitri (2019) stated that resilience is not just the result of a person's efforts to achieve something; it is also the result of a long journey and a complex process in which people strive to improve their abilities while interacting with their environment. People who contract HIV/AIDS and have a high level of resilience are less likely to experience adverse psychological risks or disorders; therefore, there is hope for HIV/AIDS-infected adolescents to continue attending therapy regularly, regain motivation to achieve their goals, and be able to adapt positively. High resilience can also help children who are attending school (Detta, 2017).

Resilience will help overcome life's difficulties and reduce the rate of depression caused by risk factors (Mujahidah, 2018). They may also experience high levels of depression (Bitsika, Sharpley, & Peters, 2010). When someone is facing a difficult situation and trying to think positively, they need help or social support. This can be achieved by taking action. Friends, family, and coworkers should help someone when facing difficulties. This is in line with Taormina's theory that social support is essential for recovery after a difficult event. For some people, the existential aspect can be linked to their religion or spiritual beliefs.

This is related to resilience, as spirituality can help a person find knowledge and meaning in life when facing challenges. If adolescents with HIV/AIDS are able to survive, they can accept the diagnosis, maintain important relationships, and develop optimism for the future. As stated by Merwe, Esterhuizen, and Skinner (2021). People must learn to cope with problems, establish relationships, and interact in healthy ways to become more resilient.

Based on the explanation above and the findings of the interviews conducted, it can be concluded that adolescents with HIV/AIDS will be able to overcome challenging conditions if they have resilience skills. People who have a high level of resilience are ultimately able to overcome the pressures of life and become comfortable people.

Method

Type of Research

Researchers used qualitative phenomenological methods in this study. Phenomenology is an approach that focuses more on understanding a particular phenomenon. The type of research used in phenomenology includes seeing and understanding the experiences associated with the phenomenon (Denzin & S Lincoln, 2009).

Time and Place of Research

The research time and data collection started from September to November. The location chosen in this research is the Victory plus Foundation Yogyakarta. The reason for choosing the research location was because the phenomenon of resilience in PLWHA was found.

Subject of Research

This study involved subjects with predetermined criteria to suit the research objectives, namely people living with HIV/AIDS. The subject must also live in Yogyakarta and be willing to participate in the research from beginning to end. The purposive sampling technique was used to determine the subject or target of the research. Researchers use certain criteria to select respondents (Sugiyono, 2012).

Data Collection Techniques and Instruments

The data collection technique in this study used open-ended in-depth interviews. One of the purposes of open-ended interviews is to get feedback from respondents or gain their understanding of their own perspectives (Creswell, 2018). A semi-structured interview method was used, which aimed to deliver exploratory questions as well as knowledge that had been gained from the interview guide that had been prepared by the researcher to ensure that the interview went according to the research plan (Stewart, 2012).

The instrument in this study was the researcher herself. The researcher serves as a tool to identify their personal biases, values, and backgrounds, such as gender, history, culture, and socioeconomic status, which may contribute to the interpretations made during the research. The researcher also plays an important role, as they can collect data independently through observation of respondents' behavior, documentation, or interviews. (Creswell, 2018).

Another instrument is the interview guide, which is designed to help researchers ask questions correctly so that the information they obtain does not deviate from the research objectives. Interview guides limit questions to the research topic and allow respondents to provide more detailed and thorough responses. (Creswell, 2018).

Data Validity

To ensure that the research is scientific and can test the accuracy of the data collected, a data validity test is required. Qualitative research can only be considered valid if the methods used by the researcher are consistent throughout the research. Data validity testing is done by member checking. (Creswell, 2018).

Data Analysis Technique

This study used three sets of data analysis, including (Creswell, 2018):

1. Data reduction. So that the data becomes meaningful and conclusions are easier to make, simplify, categorize, and discard unnecessary data.
2. Data presentation. Make the data collection systematic and easy to understand so that conclusions can be drawn. This data presentation organizes and arranges data into relational patterns, which makes it easier to understand.
3. Conclusion drawing and verification. Identifying relationships, similarities, or differences in the data that has been collected and drawing conclusions as answers to existing questions. If no supporting evidence is found at the next stage of data collection, the initial conclusions presented are only preliminary conclusions and can change at any time. One of the purposes of validation is to assess the suitability of the data more accurately and objectively against the objectives contained in the basic concepts of analysis.

Result and Discussion

Result

Table 1. Participant identity

Participant Code	Age	Gender	Background	Mode of HIV Transmission	Additional Information / Key Quote
WM	29 years old	Female	PLWHA, peer mentor	Through drug injection needles	"I got it through drug needles, and I also used to like the same sex, but after getting married I no longer engaged in same-sex activities."
SH	33 years old	Female	PLWHA, peer mentor	From her first husband	"I was infected with this virus from my first husband, and I have been married twice. My first husband died because of this virus."
HA	33 years old	Female	PLWHA, peer mentor	From her first husband (who was infected through drug	"I got HIV through my first husband; he died because of this virus since treatment

				injection needles)	back then was not as advanced as it is now.”
DA	23 years old	Female	PLWHA, peer mentor	Unprotected sexual intercourse	“I got this virus from unprotected sexual intercourse. I didn’t know I had HIV at first, but after showing symptoms and checking at the public health center, I tested positive.”

Aspects of Resilience in People with HIV/AIDS

Personal Competence

Related to personal competence, which is an individual can go through a difficult time, is able to pass through pressure, remains persistent, does not easily lose courage despite failure.

Participant WM explained that the participant did not really feel that he was going through a difficult thing because he had already felt it when he was living with this *virus* *"for now, I don't feel that way, because I went through it before, so for now it might be more like I can get through that phase"*. Participants also said that currently participants often face pressure and feel that they are under pressure. *"For me personally, I often feel depressed in my current position, because in addition to being depressed by myself I also experience pressure from my family"* *"Ooh, so you still often feel depressed due to yourself and your family"*? *"Yes, that's what makes me feel depressed, especially from my own family who until now may not have fully accepted my condition like this."* Participants stated that in their current condition they are still persistent and optimistic in living life. *"How do you stay persistent and strong in this condition"*? *"For me, I am still optimistic to continue my life even though I am in this condition because I believe that as bad as I am, I must remain strong to go through this."*

Participant SH said that when facing a difficult time the participant felt that in the current condition he had not felt anything difficult because he continued to be supported by his family who always strengthened him. *"If it is a difficult time for now, thank God, maybe I haven't felt it because my family always supports me well"*.

Participant SH also explained that participant SH said he was able to deal with pressure for now and participants said they were still able to work under pressure. *"Regarding that, I feel that I am still able to work under the demands of the foundation because I work wholeheartedly and the demands of the foundation are also not too heavy"*.

Participant SH said that in the current condition, only children can strengthen him to continue to survive. *"When it comes to being persistent and strong, my answer is only strengthened by my children even in the worst conditions, that's what keeps me strong"*.

Participant HA said that in the current condition the participant felt that he was in a difficult moment and however had to be *passed* *"if there is a difficult time for now there may be mas and I feel that even though I have to go through it anyway mas"*. HA participants also explained that in conditions of pressure participants are still very capable of working and not being a barrier *"very capable mas, like it or not I have to be able to be as heavy as whatever pressure I experience I feel capable"*

Participants also feel persistent and able to face everything even in the worst conditions and all of that is strengthened by the children *"I am strengthened by my children even in the worst conditions, that's what keeps me strong. And prioritizing their happiness is a must for me"*

Regarding emotional control, DA participants explained that currently participants feel normal when facing difficult problems because they are used to it. *"For now, I don't feel that way, because I've been through it before, so for now I might just be normal"*.

Participants also said that in the current position they very often feel depressed and because of the many upheavals within themselves. *"I feel very often feel depressed, be it in the current position, let alone within myself"* Ooh, so you still often feel depressed due to your own inner self? *"That's right, mas, I still feel depressed because I feel a lot of upheaval from within myself."*

The participant also said that even in this situation the participant was still persistent and still tried to continue living because no matter how bad it was. *"From me, I still have the spirit to continue my life even though I am in this condition because I believe that no matter how bad I am, I must remain strong through it all"*

Trusting instincts

Related to the aspect of trusting instincts is having the ability to tolerate negative influences.

Participant WM explained that as long as participants live their lives as people living with HIV, participants said that in dealing with negative influences such as stigma, participants try to brush it off and care too much about it, *"I may experience more or less negative influences but I try to brush it off by not thinking too much about it, because if the more I think about it, the more I think about it."*

Participant WM explained that when getting negative influences such as discrimination, participants also try to dismiss and not bother about discrimination and stigma that comes to them, *"as I said earlier, I will not bother anymore for now whatever form of discrimination on me, I just try to live my life more calmly because that form of discrimination must always exist"*.

Participant SH explained that when getting negative influences such as stigma participants have never received stigma from the community because only a few know about the status experienced and will not think about it even if there is, *"talking about stigma, yes mas, maybe it is familiar to our ears, but to deal with these influences I still have not felt directed at me directly because maybe the people in my neighborhood are only a few who know my status, even if there is I will brush it off"*.

Participant SH also said that when getting negative influences such as discrimination, the participant said again that he would not bother and take it to heart related to that, *"it is important to say that indeed we PLHIV will experience this, but again I say I will never take it to heart and take it to heart even though I get these bad influences"*.

Participant HA said that when he received negative influences such as stigma, the participant felt a little thought about the stigma that came to him but would not deny it and considered it non-existent, *"Well this is actually what makes me think a little but dealing with it is a must for me, I did get the negative influence but I just denied it and considered it non-existent"*.

Participant HA also explained that when getting negative influences such as stigma, the participant did say that this was one of the important things that had to be accepted, but the participant said he did not think too much about it and threw it away in his mind, *"It is important, I said that indeed we B20s will experience this, but no matter what negative influences come, I will still throw it away from my mind because if I think about it, it can make us distorted, mas."*

Participant DA explained that when getting negative influences such as stigma, participants do not think too much about it and dismiss it, *"maybe I experience more or less negative influences but I try to dismiss it and not think too much about it, because if the more I think about it, the more I am affected"*.

Participant DA also said that when he received negative influences such as discrimination, he would not bother and would just enjoy whatever form of discrimination that came *"As I said earlier, I will not bother anymore for now whatever form of discrimination against me, I just try to stay calm and enjoy living my life"*.

Through positive acceptance

Related to the aspect of going through positive acceptance is adapting positively and accepting the situation.

Participant WM said that at first it was very hard to accept the situation with HIV status but participants accepted their situation over time, *"I accepted my condition at first so heavy mas but over time I have made peace with myself"*.

Participant SH said that when he first learned about his status, he saw other PLWHA friends just like him, which made participants able to make peace with themselves, *"Actually, the way I accept my condition is by seeing other friends who have a status like me, which makes me able to make peace with myself."*

Participant HA said that at first when he learned of his HIV status, the participant was so shocked as if he could not believe what was happening but again over time he finally made peace with himself, *"actually the way I accepted my condition was first so shocked and seemed to not believe it but over time I accepted it"*.

Participant DA said that at first when he found out about his status it was hard to accept it but over time he could accept it well, *"I accepted my condition at first it was so hard but over time I have made peace with myself"*.

Control

Related to the control aspect, namely individuals have the ability to control the situation.

Participant WM said that when stigma came against him, participants were able to control their emotions well, *"Well, hebe I said earlier that for now I don't bother with those statements anymore, for me, I'm used to it and can control my emotions well"* Participant WM also said that when discrimination came against him, participants were able to control their emotions to remain stable by not thinking too much about it, *"the same as I said earlier, discrimination is probably a little more painful because we are very differentiated, but even so I don't bother anymore and try not to think about it so that my emotions remain stable"*.

Participant SH said that when stigma came against him, he was able to control positive emotions by not thinking too much about it, *"By the way I don't think too much about it, I might get stigmatized but I don't really care about it and I can control it"*. Participants also said that when they received discrimination they could still control their emotions to remain positive, *"I manage my emotions to remain positive when discrimination is directed at me by dismissing all forms of discrimination without thinking too much about it"*.

Participant HA said that when stigma came against him, participants were still able to control their emotions even though it sometimes made him think about it, *"when I get stigmatized, I sometimes think about it, but I can still control my emotions to remain stable"*. Participant HA also said that when discrimination comes, participants are also able to deal with it by stabilizing their emotions, *"discrimination sometimes also makes it difficult for me to control myself, but I can still manage my emotions to stay calm and positive"*.

Participant DA said that when stigma came against him he could still control his emotions well and did not think too much about it, *"for now I don't bother anymore with those statements, for me, I'm used to it and can control my emotions well"*. Participants also said that when discrimination comes against them they don't bother with it and try not to think about it in order to keep their emotions stable, *"Discrimination is probably a bit more painful because we are very visibly differentiated, I don't bother with it and try not to think about it in order to keep my emotions stable"*.

Spiritual Influence

Related to spiritual influence is a person's belief in God's destiny and the values associated with their personal beliefs.

Participant WM said spiritual activities were very influential on participants' resilience to rise from adversity, *"the matter was very influential mas and really made me bounce back from the adversity that I experienced"*.

Participant SH also said that spiritual activities are very influential on resilience and make me rise from adversity, *"it is very influential and really makes me bounce back, it is one of the main causes of me being able to rise from this adversity mas"*

Participant HA said that spiritual activities were very influential on the rise of participants from adversity, *"about it verytt influential mas and really made me bounce back from the adversity that I experienced"*.

Participant DA said that spiritual activities were also very influential and helped him to survive and rise from adversity, *"when I was in a bad position spiritual activities such as worship in my opinion were very helpful and very influential for my life, the point is very very influential for me"*.

Discussion

During the resilience process experienced by people living with HIV/AIDS (PLWHA), it is important for them to identify both personal and social resources that enable them to adapt positively to their condition. This study found that resilience among PLWHA emerged from five interrelated aspects: personal competence, trusting instincts, positive acceptance, emotional control, and spiritual influence. These findings align with previous studies emphasizing that resilience is a dynamic process influenced by individual strengths and environmental support (Betancourt et al., 2011; Harper et al., 2014).

At the individual level, the participants demonstrated strong *personal competence*, such as perseverance, optimism, and the ability to face difficulties. For example, WM and DA both expressed that although they frequently felt depressed, they maintained optimism and a belief in their capacity to survive: *"I must remain strong to go through this."* Similarly, SH and HA emphasized persistence derived from family and children, who served as their primary motivation to continue living. This supports Betancourt et al. (2011), who argue that self-esteem and future-oriented optimism are essential personal assets that strengthen resilience among PLWHA.

The aspect of trusting instincts also appeared in participants' narratives through their capacity to tolerate stigma and discrimination. WM, HA, and DA described how they intentionally avoided overthinking negative treatment from others, while SH reported rarely experiencing stigma due to selective disclosure of her HIV status. This indicates that cognitive coping strategies, such as ignoring negative judgments, function as protective mechanisms against psychological distress. These findings are consistent with Harper et al. (2014), who found that emotional regulation and selective attention to negative feedback contribute to sustained well-being among PLWHA.

Furthermore, all participants demonstrated positive acceptance of their condition over time. Initially, they experienced shock and denial, but gradually developed self-acceptance. WM and DA explicitly stated that they had *"made peace with themselves,"* while SH found comfort by identifying with other PLWHA who shared similar experiences. This illustrates that social

comparison and peer interaction can facilitate acceptance and reinforce adaptive meaning-making, which is a critical part of resilience development.

The control aspect was reflected in participants' ability to regulate emotions when facing stigma or discrimination. WM and SH mentioned that they could control their emotions by "not thinking too much" about discriminatory remarks, while HA admitted that although such experiences still affected her, she managed to stabilize her emotions. This finding highlights the importance of emotional regulation as a key process in resilience, allowing PLWHA to maintain internal balance and reduce vulnerability to external stressors.

Lastly, the spiritual influence dimension strongly contributed to participants' ability to recover from adversity. All four participants stated that engaging in spiritual activities such as prayer and worship significantly helped them regain strength and find meaning in their experiences. For instance, SH mentioned that spirituality was "one of the main causes of being able to rise from adversity." This aligns with Betancourt et al. (2011), who note that faith and spirituality often serve as internal coping mechanisms that provide hope, comfort, and emotional stability.

At the social level, the findings reinforce the crucial role of family, peer mentors, and community networks in building resilience. Participants who received consistent family support, such as SH and HA, reported greater emotional stability and adaptability. Trust, open communication, and cooperation within the family were key protective factors that enhanced resilience. Similarly, engagement in peer support groups allowed participants to share experiences, reduce stigma, and foster mutual encouragement. This supports Harper et al. (2014), who emphasized that social connectedness and mentoring relationships strengthen the adaptive capacity of PLWHA.

In summary, resilience among PLWHA is not solely shaped by individual characteristics but also by the interaction between internal strengths and external social resources. Personal competence, emotional regulation, and spirituality function as internal foundations, while family and peer support act as external reinforcements that sustain psychological well-being. These findings highlight the importance of a holistic approach in supporting PLWHA — one that integrates psychological empowerment, social connection, and spiritual growth.

Conclusion

All four participants in this study had high resilience. This study found that the resilience picture of the four PLWHA had high resilience, the children of the participants and spiritual influences were the things that most made PLWHA able to survive and rise again in adversity, when stigma and discrimination came the participants were still able to control emotions and could survive the stigma and discrimination, the resilience process in PLWHA was also very good making them survive difficult times and able to control positive emotions

Suggest

This research was conducted on people living with HIV/AIDS (PLWHA) with different participant backgrounds, therefore further research on PLWHA must be more specific so that future researchers have a more in-depth picture of resilience.

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