

**RESILIENCE OF PEOPLE WITH HUMAN  
IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE  
DEFICIENCY SYNDROME (HIV/AIDS)  
ASSISTANCE OF HEALTHY FRIENDS FOUNDATION  
PARTNERS IN SUKOHARJO DISTRICT**

**Selva Gigih Ginata**

Bandung Polytechnic of Social Welfare, [selvagigih@gmail.com](mailto:selvagigih@gmail.com)

**Admiral Nelson Aritonang \*)**

Correspondent

Bandung Polytechnic of Social Welfare, [nelsonaritonang@yahoo.com](mailto:nelsonaritonang@yahoo.com)

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***Abstract***

*This research conducted is based on the stigma and discrimination received by people living with HIV/AIDS (PLWHA) in Sukoharjo. The Purpose of this research is to describe the level of resilience of PLWHA assisted by YASEMA. This research used quantitative approach with descriptive methods. Population of this research is 40 people, and the sample is all population (40 respondents). The data collection technique used is a questionnaire (Resilience Questions-Test), observations and study documentations. The data analysis technique used is statistical descriptive. This research used seven aspects according to Reivich & Shatte, and score results are: emotion regulation (842), impulse control (833), optimism (943), analysis of the causes of problems (789), empathy (831), self-efficacy (769), and reaching out (936). The results of this research is that the resilience level of PLWHA assisted by YASEMA is at a moderate level and the range is close to low resilience. Based on the results of this research, the researcher offers a program to increase the resilience of PLWHA assisted by YASEMA Sukoharjo through the program "Increasing the Resilience of PLWHA Assisted by the Sahabat Sehat Mitra Sebaya Foundation in Sukoharjo through Self Help Groups".*

**Keywords:**

*Resilience; People Living with HIV/AIDS; Sahabat Sehat Mitra Sebaya Foundation in Sukoharjo.*

## INTRODUCTION

A life that is prosperous and healthy and free from disease is desired by every living being. Healthy living is in the sense of being able to carry out all daily activities without any obstacles or problems regarding health. Conversely, it is said to be prosperous if humans can carry out their social functions properly and can meet their own needs. But the current reality, there are still people who live in misery due to disease. HIV/AIDS is a deadly disease that many people fear.

Human Immunodeficiency Virus atau biasa disebut HIV merupakan virus yang menyerang sel darah putih di dalam badan (limfosit) yang menyebabkan turunnya imunitas tubuh manusia. Apabila virus HIV/AIDS terdapat dalam darah, orang yang terinfeksi bisa nampak sehat serta belum tentu memerlukan pengobatan. Walaupun demikian, orang tersebut mampu menularkan virusnya kepada orang lain apabila melakukan hubungan seks berisiko serta berbagi pemakaian alat suntik dengan orang lain (KPAD Kab. Jember, 2015).

Acquired Immune Deficiency Syndrome or AIDS is a collection of disease indications caused by HIV infection that appears due to decreased body immunity. These conditions cause people to be attacked by various diseases such as diseases of the brain, pulmonary tuberculosis, digestive disorders, cancer, etc. (IKESMA, 2016)

Based on data obtained from the Sukoharjo Regency HIV/AIDS Prevention Commission until October 2020 there were 664 HIV/AIDS cases found, consisting of 65% men and 35% women. Of the 664 cases, 336 were people with HIV and 328 were people with AIDS spread across 12 sub-districts in Sukoharjo. The majority of people with

HIV/AIDS (PLWHA) in Sukoharjo are of an average productive age of 20-40 years, namely 406 people, while for toddlers and adolescents aged 0-20 years there are 33 people and aged 40 years and over there are 225 cases. Most PLWHA work as employees with a total of 133 people.

From the data on the PLWHA diagram by occupation, the largest number of people with HIV/AIDS in Sukoharjo Regency work as entrepreneurs and employees with a total of 233 cases. working outside the Sukoharjo area makes a lot of mobility carried out by employees ranging from cultural changes to sexual lifestyles.

In Sukoharjo itself, the risk factors for HIV/AIDS transmission are mostly caused by sexual behavior of men sex with men (MSM) or men who have sex with men alternately, there have been 30 cases and also many unknown transmission routes.

Infected people get a fairly wide problem from HIV / AIDS. This problem is the stigma that causes people with HIV/AIDS to show fear, anxiety, worry, confusion, and hopelessness (Hidayati, 2013:90).

PLWHA must be able to handle the psychological pressure and physical pressure from their illness to continue and live a better life. To overcome this pressure, PLWHA needs capabilities or strengths that can protect themselves. The ability of PLWHA to adapt to stressful situations is called resilience (Widyaningtyas, 2009).

Resilience is an individual's capability or ability to survive, rise, and adapt to difficult and stressful situations for individuals (Reivich & Shatte, 2002). According to Reivich & Shatte (2002) states that there are seven aspects of resilience, namely: emotional regulation, impulse control, optimism, problem analysis

skills, empathy, self-efficacy, and the ability to get out of difficult conditions.

People who are successful at being resilient understand how to recover from a mental downturn by turning it back into something much better than before, therefore resilience is very important. Likewise, people with HIV/AIDS who are successful are believed to be able to adapt and manage a tough life. But not a few people with HIV/AIDS have not been able to become resilient. Even though they have tried to be resilient, there are still cases that have failed. Based on the description that has been explained, the researcher wants to investigate further the problems that have been described. For this reason, research will be carried out on the resilience of people with HIV/AIDS assisted by the Sahabat Sehat Mitra Peer Foundation in the Sukoharjo Regency. The formulation of the problem is detailed in several aspects that are of concern to the researcher, namely related to how the respondent's emotional regulation, the respondent's encouragement control, the respondent's optimism, the respondent's problem analysis ability, the respondent's empathy, the respondent's self-efficacy, and the respondent's ability to get out of difficult conditions.

## METHOD

This research design uses a quantitative approach with descriptive methods. The population in the study was people with human immunodeficiency virus/acquired immune deficiency syndrome who were infected due to male sexual behavior, totaling 40 people. The sampling technique used is non-probability sampling with a saturated sampling technique (census), namely by making the entire population a sample.

The measurement scale in this study was a Likert scale with variations in the answers strongly agree (SS), agree (S), disagree (KS), disagree (TS), and adjusted to the form of items Favourable (+) or Unfavourable (-).

The validity test uses the Pearson formula on Reich's standard instrument while the reliability test uses the Alpha Cronbach method. Data collection using a questionnaire. Data analysis techniques using quantitative with descriptive statistics.

## RESULTS

The results of this study indicate that the resilience of PLWHA assisted by the Sahabat Sehat Mitra Sebaya Sukoharjo Foundation varies for each respondent, but the differences are not too significant. So it can be seen that the resilience score of PLWHA assisted by YASEMA is 5943 and is in the medium category. This data was obtained by distributing questionnaires to 40 PLWHA who are assisted by the Sahabat Sehat Mitra Sebaya Sukoharjo Foundation. The following is a more detailed explanation of the results of the study:

### 1. Characteristics of Respondents

Characteristics of respondents in this study can be seen based on age, level of education, occupation, duration of infection, and those who know their HIV/AIDS status. The following are characteristics based on age:

**Table 1.** Characteristics of respondents by age

No.	Usia (Tahun)	Frekuensi (Orang)	Persentase (%)
1	16-25	5	12,5
2	26-35	19	47,5
3	36-45	13	32,5
4	46-55	2	5,0
5	56-65	1	2,5
	Jumlah	40	100,0

Table 1 shows that the majority of respondents have an age range of 26-35 years (47.5%). In this age category, people will enter the quarter-life crisis phase, which is a transitional phase from early adulthood to late adulthood, so someone at this age is more susceptible to stress.

Characteristics of respondents based on the educational level are as follows:

**Table 2.** Characteristics of respondents based on education level

No.	Pendidikan	Frekuensi (Orang)	Persentase (%)
1	SD/Sederajat	3	7,5
2	SMP/Sederajat	11	27,5
3	SMA/Sederajat	24	60,0
4	Perguruan Tinggi	2	5,0
	Jumlah	40	100,0

Based on table 2. the majority of respondents in this study were high school/equivalent graduates, namely 24 respondents (60.0%). A person's level of education is related to their way of thinking and their level of resilience, but this is not a barrier for respondents in providing information about their life as PLWHA.

The following are the characteristics of respondents based on work:

**Table 3.** Characteristics of respondents based on work

No.	Usia (Tahun)	Frekuensi (Orang)	Persentase (%)
1	Buruh Harian Lepas	7	17,5
2	Wiraswasta	16	40
3	Wirausaha	14	35
4	Tidak Bekerja	3	7,5
	Jumlah	40	100,0

The majority of respondents work as entrepreneurs or employees, namely 16 people (40%). To meet economic needs by working as an employee or casual laborer is not easy, many difficulties must be faced. Therefore, a PLWHA must have good resilience to survive in these conditions.

The following are the characteristics of respondents based on the duration of infection:

**Table 4.** Characteristics of respondents based on the duration of infection

No.	Lama Terinfeksi (Tahun)	Frekuensi (Orang)	Persentase (%)
1	< 1 Tahun	3	7,5
2	1 Tahun	2	5,0
3	> 1 tahun	35	87,5
	Jumlah	40	100,0

The majority of respondents in this study had been infected with HIV/AIDS for more than 1 year as many as 35 people. Respondents who have long or recently known their HIV/AIDS status have different levels of resilience. Respondents who had known their status for a long time were more resilient than respondents who had just known their HIV/AIDS status.

Characteristics of respondents based on people who know their HIV/AIDS status, namely:

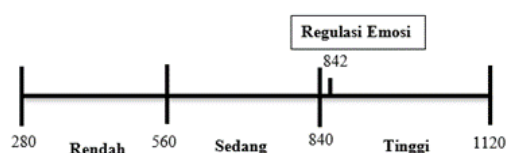
**Table 5.** Characteristics of respondents based on who knows their status

No.	Yang mengetahui Status HIV/AIDS	Frekuensi (Orang)	Persentase (%)
1	Pasangan	16	40
2	Keluarga	11	27,5
3	Teman	7	17,5
4	Tidak ada	6	15
	Jumlah	40	100,0

Based on table 5, it is known that 34 respondents (85%) informed their HIV/AIDS status to their partners, family and friends. In contrast to the other 6 respondents (15%) who did not disclose their HIV/AIDS status to anyone.

### 1. Aspects of Emotion Regulation

The results of this study indicate that in the aspect of emotion regulation, an actual accumulated score of 842 is obtained from 7 question items. While the ideal score that should be obtained from the 7 questions is 1120. After knowing the actual score and the ideal score of the respondents, then a continuum line calculation is then performed to find out the interval category on the aspect of emotion regulation. Based on the score calculation results from the respondents' answers, a continuum line is obtained for aspects of emotion regulation as shown in Figure 1. below:



**Figure 1.** The continuum line of aspects of emotion regulation

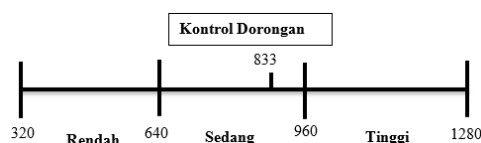
Based on Figure 1, it can be seen that the actual total score for this aspect of emotion regulation is 842 and is included in the high category. Although the actual total score of the level of emotional regulation of respondents in Yasema Sukoharjo is in the high category, the distribution of the scores of the majority of respondents is at a moderate level. So if it is not maintained, the level of emotional regulation will decrease. The majority of respondents still think that negative emotions are destructive so they are not used. The effort that can be made

is to provide an explanation to the respondent regarding the types of emotions in oneself so that they can be used for emotional resilience in all situations.

The majority of people with HIV/AIDS in Yasema Sukoharjo still don't understand the actions of other people. Based on the results of the questionnaire, respondents still feel indifferent to the conditions around them, and do not listen to other people's advice.

### 2. Aspects of Drive Control

The results of this study indicate that in the drive control aspect, an actual accumulated score of 833 is obtained from 8 question items. While the ideal score that should be obtained from the 8 questions is 1280. After knowing the actual score and the ideal score of the respondent, then the continuum line calculation is then performed to find out the interval category on the drive control aspect. Based on the score calculation results from the respondents' answers, a continuum line is obtained for the drive control aspect as shown in Figure 2. below:



**Figure 2.** Drive control aspect continuum line

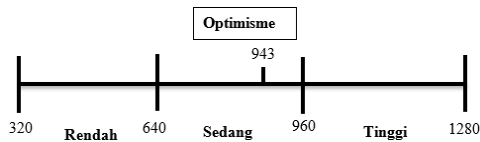
Based on Figure 2, it can be seen that the actual score of the drive control aspect is 833, so it is in the medium category. The majority of respondents are included in the moderate category with a total of 36 respondents (90.0%). Aspects of impulse control are closely related to aspects of emotion regulation.

Most respondents still do not make plans after learning that they are infected with HIV/AIDS. Respondents who do not plan for

the future tend to act spontaneously when solving their problems. Doing something spontaneously, especially in a problem, will make planning less mature so that the actions taken are not organized because there are no benchmarks and targets set.

**3. Aspects of Optimism**

The third aspect is optimism. The results of this study indicate that in the aspect of optimism, an actual accumulated score of 943 is obtained from 8 question items. While the ideal score that should be obtained from the 8 questions is 1280. After knowing the actual score and ideal score of the respondents, then the continuum line calculation is then performed to find out the interval category on the optimism aspect. Based on the score calculation results from the respondents' answers, a continuum line for the optimism aspect is obtained as shown in Figure 3. below:



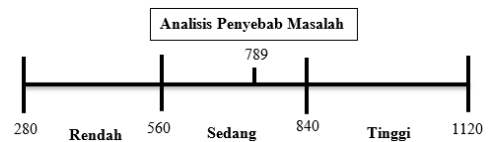
**Figure 3.** Optimism aspect continuum line.

Based on Figure 3. it can be seen that the actual score of the drive control aspect is 943, so it is in the medium category. The majority of respondents who fall into the moderate category indicate that the respondent already has an optimistic attitude but still needs to be improved by continuing to think positively in life. Problems such as being infected with HIV/AIDS, although some people think that this is a problem that puts the perpetrators in a corner, they are still human beings who must be protected and still have hope for success in the future. Some respondents thought that there were some PLWHA who were not optimistic,

meaning they had not yet found out what the meaning of life was and what it was like at the Sahabat Sehat Mitra Sebayu Sukoharjo Foundation..

**4. Aspects of Analysis of the Causes of Problems**

The results of this study indicate that in the aspect of the analysis of the causes of the problem, an actual accumulated score of 789 is obtained from 7 question items. While the ideal score that should be obtained from the 7 questions is 1120. After knowing the actual score and the ideal score of the respondent, then a continuum line calculation is then performed to find out the interval category in the aspect of the analysis of the causes of the problem. Based on the score calculation results from the respondents' answers, a continuum line is obtained for the analysis aspect of the cause of the problem as shown in Figure 4. Below:



**Figure 4.** Continuum line aspect of the analysis of the causes of the problem.

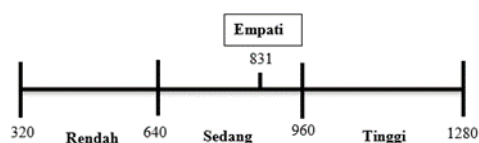
Based on Figure 4, it can be seen that the total score of the actual aspect of the analysis of the causes of this problem is 789 and is included in the medium category.

The medium category indicates that the individual is able to analyze the causes of the problem but does not fully understand the problem he is facing. Respondents also often suspect the root of the problem without considering the opinions of others and tend to make guesses. Based on the results of research on this aspect, respondents can identify the causes of the problem and respondents are able

to think positively before taking an action. Thinking carefully can reduce mistakes and risks in acting. Other respondents who chose the attitude of acting as long as they did it argued that in dealing with critical problems such as during a disaster situation. Respondents who thought that thinking too long would waste time that should have been able to take other actions. This action can make a person not have a mature plan so that if he encounters a new problem he will get into trouble.

### 5. Empathy Aspect

The fifth aspect is empathy. The results of this study indicate that in the aspect of empathy, an actual accumulated score of 831 is obtained from 8 question items. While the ideal score that should be obtained from the 8 questions is 1280. After knowing the actual score and the ideal score of the respondent, then the continuum line calculation is then performed to find out the interval category on the empathy aspect. Based on the score calculation results from the respondents' answers, a continuum line is obtained for the empathy aspect as shown in Figure 5. below:



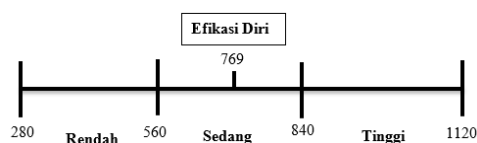
**Figure 5.** Empathy aspect continuum line.

Based on Figure 5, it can be seen that empathy is in the medium category with a score of 831. The number of respondents who have aspects of empathy are categorized as being influenced by aspects of emotion regulation. Individuals who are able to regulate their own emotions will find it easier to understand the emotions and actions of others. The empathy that an individual has is closely related to past

experience in dealing with a problem. The sense of empathy that PLWHA has in Yasema Sukoharjo is in the moderate category, but it can be recognized that respondents are easily carried away. This ability has positives and negatives, sometimes respect for other people is an important thing, but being carried away in a negative direction, such as being easily offended, will make negative things such as easy to fight and fight against one another. This must be balanced with other provisions to perfect the sense of empathy that PLWHA has.

### 6. Aspects of Self-Efficacy

The results of this study indicate that in the aspect of self-efficacy, an actual accumulated score of 769 is obtained from 7 question items. While the ideal score that should be obtained from the 7 questions is 1120. After knowing the actual score and the ideal score of the respondent, then the continuum line calculation is then performed to find out the interval category on the self-efficacy aspect. Based on the score calculation results from the respondents' answers, a continuum line is obtained for the self-efficacy aspect as shown in Figure 6. below:



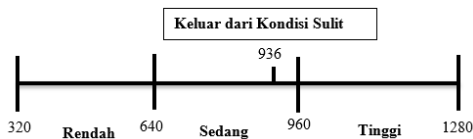
**Figure 6.** The continuum line of aspects of self-efficacy.

Based on the continuum line, the self-efficacy aspect is at moderate resilience. The majority of respondents prefer to depend on the abilities of others rather than their abilities. Confidence in one's abilities is important, on the other hand, when a problem occurs, what you do is convince yourself that you are strong

and can survive in the conditions you are experiencing HIV/AIDS. This shows that one of the values of self-efficacy in the majority of respondents is quite good, but there are still doubts about believing in one's abilities. The majority of respondents also stated that they are more comfortable doing routine activities that are easy than doing activities that are not as usual.

**7. Aspects of Exiting Difficult Conditions**

The results of this study indicate that the aspect of exit from difficult conditions obtained an actual accumulated score of 936 from 8 question items. While the ideal score that should be obtained from the 8 questions is 1280. After knowing the actual score and the ideal score of the respondent, then a continuum line calculation is then performed to find out the interval category on the aspect of exiting difficult conditions. Based on the results of calculating the score from the respondents' answers, a continuum line is obtained for aspects of exit from difficult conditions as shown in Figure 7. below:



**Figure 7.** Aspect continuum line out of a predicament.

The actual score of the aspect of getting out of difficult conditions is 936 out of an ideal score of 1280. So the aspect of getting out of difficult conditions is at moderate resilience. The majority of respondents belong to the medium category. However, problems are still found in this aspect, namely in the form of respondents who are uncomfortable when meeting new people, this indicates that the respondents lack the ability to adapt and get out

of their comfort zone. So that it can reduce the self-optimization of the respondents. For this reason, a strengthening is needed so that the resilience that is formed does not decrease.

Respondents thought that challenges were a way to learn and improve their own abilities. This shows that respondents living with HIV have started to open their eyes to find the wisdom of being infected with HIV/AIDS and can explore abilities that they did not know about.

**8. Accumulation of Resilience Forming Aspects**

Based on the actual scores obtained from the respondents on each aspect of resilience, then an accumulation calculation of the seven aspects of resilience is carried out, namely aspects of emotion regulation, impulse control, ability to analyze the causes of problems, empathy, self-efficacy, and getting out of difficult conditions that can be seen in the following Table 6:

**Table 6.** Accumulation of resilience forming scores

No.	Aspek	Jumlah Skor	Kategori Resiliensi
1	Regulasi Emosi	842	Tinggi
2	Kontrol Dorongan	833	Sedang
3	Optimisme	943	Sedang
4	Analisis Penyebab Masalah	789	Sedang
5	Empati	831	Sedang
6	Efikasi Diri	769	Sedang
7	Keluar dari Kondisi Sulit	936	Sedang
Jumlah		5943	

Based on table 6, the highest score is found in the aspect of optimism with a total score of 943. This aspect of optimism is very dominant in the PLWHA assisted by Yasema,



which is evidenced by the results of observations and interviews with PLWHA and Yasema's administrators. The component that has the highest score is the optimism component and the component that has a score below the average is emotion regulation and impulse control (Veni, 2018). However, in this study the one with the highest score was the aspect of optimism while the lowest was self-efficacy with a score of 769, but still in the medium category. The self-efficacy aspect of Yasema's assisted PLWHA is said to be low compared to other aspects of the assessment.

Maximum score =  $4 \times 40 \times 53 = 8480$

Minimum score =  $1 \times 40 \times 53 = 2120$

Class = 3 (Low, Medium, High)

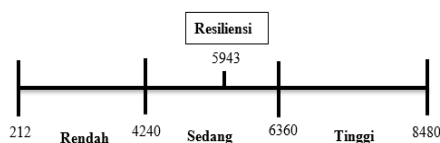
Intervals :

Low = 2120 – 4240

Medium = 4241 – 6360

High = 6361 – 8480

Based on the calculation results above, an overview of the resilience of people with HIV/AIDS assisted by the Sahabat Sehat Mitra Sebaya Sukoharjo Foundation is obtained for 7 aspects which can be seen from the continuum line below:



**Figure 8.** The Continuum Line about Overview of the Resilience of People with HIV/ AIDS

The total resilience score of PLWHA at Yasema Sukoharjo is 5943, which illustrates that the level of resilience of people with HIV/AIDS assisted by Yayasan Sahabat Sehat Mitra Sebaya Sukoharjo is in the moderate category. The resilience level of each respondent was different, but the differences that emerged were not too stark. This study

proves that the resilience level of Yasema Sukoharjo's assisted PLWHA is moderate, so efforts to increase resilience are still needed to deal with stigma and discrimination so that PLWHA can live a good life in the future. Without resilience, individuals will not have courage, and perseverance and will not have rationality (Asmaul Husna, 2019). Therefore efforts are needed to improve, these efforts are based on the results of problem analysis, needs analysis and analysis of accessible community resource systems.

## DISCUSSION

According to Grothberg (Nasution, 2011) what is meant by resilience is the individual's capacity to go through, handle, gain strength, and even be able to achieve better self-change after experiencing experiences full of suffering (adversity). Resilience is "The ability to persevere and adapt when going awry" (Reivich, 2002).

### 1. Problem Analysis

Problem analysis in this study is an act of categorizing problems that must be addressed immediately to increase the resilience of PLWHA. According to Desmita (in Asmaul Husna, 2019) what is called resilience is a person's basic strength which is used as a positive foundation for building emotional and psychological strength. The determination of problem analysis in this study is based on the statement that has the lowest score in each aspect of resilience. Several aspects fall into the medium category so treatment is needed to improve, among others:

#### a. Drive Control Aspect

Reivich and Shatte (2002) explained that drive control is an individual's ability to be able to control impulses related to controlling desires, urges, preferences and pressures originating from the individual. In controlling

the encouragement of assisted PLWHA in Yasema there are still those who do not listen to criticism or suggestions from others when problems occur. This can be seen from the respondent's statement on the drive control aspect which has a low value, namely the statement that the respondent does something according to his heart's desire without thinking about other people. Individuals who have low drive control are more prone to emotional changes, so they easily lose their temper, get angry, and behave aggressively. This negative behavior makes people around them feel uncomfortable and can cause problems in social relationships. (Oshel in Veni, 2018)

#### **b. Aspects of Analysis of the Causes of the Problem**

Reivich and Shatte (2002) explain the analysis of the causes of problems is the ability to accurately classify the causes of the problems they face. In this aspect, based on the results of research, it shows that individuals are able to analyze the causes of problems but do not fully understand the problems they face. This can be seen from the respondent's statement on the aspect of the analysis of the causes of the problem which has a low score, namely the statement that the respondent solved the problem as quickly as possible without thinking about the impact. If individuals are unable to accurately explain the causes and effects of their problems, then these individuals tend to make the same mistakes over and over again (Oshel in Veni, 2018).

#### **c. Empathy Aspect**

Reivich and Shatte (2002) explain that empathy is closely related to a person's ability to read signs of other people's emotional and psychological conditions. Aspects of empathy are also influenced by aspects of emotion regulation. The empathy aspect for PLWHA is

in the moderate category indicating that PLWHA still lack understanding of other people and find it difficult to feel the same feelings as other people. This is different from the statement that PLWHA will empathize with other people like fellow PLWHA, sick people, because they feel how it feels to be sick. Even PLWHA empathize with others so that they always maintain their health and not fall into promiscuity (Asmaul Husna, 2019). This can be seen from the statement on the aspect of empathy in this study which has the lowest score, namely the respondent does not listen to the opinions of others.

#### **d. Aspects of Self-Efficacy**

Reivich and Shatte (2002) define self-efficacy as the result of successful problem-solving efforts. Self-efficacy represents a belief that we can solve the problems we experience and achieve success. Aspects of self-efficacy have a relationship with the analysis of the causes of the problem. Respondents who have good self-efficacy are sure of their ability to handle problems and face challenges. The form of self-confidence for PLWHA is that they continue to live life as usual and try to be even better, no matter what obstacles they face, they remain confident to overcome these obstacles (Asmaul Husna, 2019). The reality in the field is that the majority of respondents still do not have confidence in themselves to deal with their problems, this can be seen in the lowest statement score, namely the respondent feels unable to live a good life after being infected with HIV/AIDS.

#### **e. Aspects of Exiting Difficult Conditions**

According to Reivich and Shatte (2002) explaining getting out of difficult conditions describes an individual's ability to increase the positive aspects of his life. In the aspect of getting out of difficult conditions, PLWHA

showed the lowest score in the respondent's statement that they did not like new challenges. This shows that there is still a problem that people living with HIV feel uncomfortable meeting new people or conditions they don't want and getting out of their comfort zone. This is because many individuals have been taught from childhood to avoid failure and embarrassing situations as much as possible. Individuals like this are individuals who choose to live a standard life compared to achieving success by facing unpleasant situations. Individuals like this have a fear of optimizing all the capabilities that exist within them (Oshel in Veni, 2018)

## 2. Needs Analysis

Based on the results of the research and problem analysis, there are several things that are needed to increase the resilience of Yasema-assisted PLWHA, including:

- 1) The ability to be able to control impulses, increase empathy, the ability to analyze the causes of problems, increase self-efficacy, and the ability to get out of difficult conditions.
- 2) The need for a place for PLWHA at YASEMA to be able to channel their positive and negative emotions.
- 3) Strengthening and motivation to increase confidence in living life as a person with HIV/AIDS.

## 3. Source System Analysis

Based on the results of research on the resilience of people living with HIV/AIDS in dealing with stigma and discrimination, as an effort to solve problems and provide for needs, a resource system that is accessible is needed, including:

- a. The formal resource system, namely: YASEMA Sukoharjo administrators and assistants have the role of providing

assistance, providing direction and control to PLWHA during the process of providing support to increase resilience and overcome problems that are being experienced by PLWHA. The Sukoharjo AIDS Commission (KPA) whose role is to provide information regarding HIV/AIDS and provide motivation and support to PLWHA so that they can rise and be able to overcome their problems.

- b. Informal resource systems, namely: PLWHA families and PLWHA colleagues who can provide motivation, support, enthusiasm so that PLWHA do not feel isolated and accompany one another.
- c. The community resource system in the health sector, namely the Regional General Hospital Ir. Soekarno, Sukoharjo Regency and Community Health Centers in each Sukoharjo District.

## CONCLUSION

Based on the results of research at the Sahabat Sehat Mitra Sebaya Sukoharjo Foundation, it is known that the resilience level of Yasema's assisted PLWHA is in the moderate category. This shows that the respondents have quite good resilience. The age of the respondents ranged from 26-35 years as much as 45% indicating that the respondents have the potential to be developed in community life activities. Besides that, with the majority of respondents (24 people) having a high school/vocational school (SMA/SMK) level of education, this shows that respondents are potential human resources to be able to work in various sectors of community life. Some quite several respondents work as employees or are self-employed, this shows that even though the respondents are PLWHA, they can still carry out work activities well to

meet their needs. The majority of respondents (35 people) have been infected with HIV/AIDS for more than 1 year so that the respondents are quite capable of adapting themselves to the conditions of being PLWHA in social life.

Respondents' emotional regulation is in the high category (figure 1). This shows that the respondent's ability to remain calm in facing problems and to remain focused on HIV/AIDS issues has reached a very good level. However, if it is not maintained and increased, the high category will decrease to the medium category. This good emotional regulation can help respondents in carrying out their social roles both within the family and in the wider community.

Encouragement control, respondents show in the medium category (figure 2). Based on the results of research on this aspect, it is known that there are still problems, namely respondents need to think about their future plans well after knowing their HIV/AIDS condition. Given the condition of PLWHA who are quite vulnerable so they can manage their conditions when they experience difficulties.

Respondents' optimism in facing stigma and discrimination is in the moderate category (figure 3). This shows that the respondent's ability to deal with all situations will be better if it has reached a sufficient level. Optimism needs to be developed so that respondents can play a role and work better in people's lives.

The ability to analyze the causes of problems is included in the medium category (figure 4). This shows that the respondent's ability to make solutions to the problems they face and not blame others for the mistakes they have made is at a good level.

Respondents' empathy is included in the medium category (figure 5). This explains that the respondent is able to understand the verbal

and non-verbal behavior of others. Respondents have the potential to be able to understand the people around them and respond well, so they can adapt to the environment well.

Self-efficacy for people with HIV/AIDS in Yasema Sukoharjo is included in the moderate category (figure 6). This shows that the respondent's ability to solve problems and the confidence to succeed has reached a sufficient level but needs to be improved. Thus the respondent can be able to do activities well in their social environment.

The respondent's ability to get out of difficult conditions is in the medium category (figure 7). This shows that respondents have enough ability if they experience failure and have the courage to optimize their ability to get out of the problems they face. However, there are also respondents who do not like challenges or new things, because respondents tend to have difficulty in facing challenges in life.

In general, the results of the study show that the resilience of people with HIV/AIDS assisted by the Sahabat Sehat Mitra Sebaya Sukoharjo Foundation is in the moderate category.

## REFERENCES

- Arikunto, Suharsini. 2010. *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: PT Rineka Cipta
- Desmita. 2009. *Psikologi Perkembangan*. Bandung: PT. Remaja Rosdakarya
- Fahrudin, Adi. 2012. *Pengantar Kesejahteraan Sosial*. Bandung: PT. Refika Aditama
- Farid Setyo dan Titik Haryanti (2019). *Public Stigma About People with HIV/AIDS in Sukoharjo District, Sukoharjo Regency*. *Advances in Health Science Research*. Volume 22: 175-178

- Haryanti et al. (2019). Persepsi Orang dengan HIV/AIDS terhadap Stigma HIV/AIDS Masyarakat di Kabupaten Sukoharjo. *Kesmas: National Public Health Journal*, 13 (3): 132 - 137
- Haryati, Titik (2017). Identifikasi Karakteristik dan Faktor Penyebab HIV/AIDS Di Kabupaten Sukoharjo. *Medsains Vol. 3(2)*: 11-17
- Heru Sukoco, Dwi. 2017. Profesi pekerjaan sosial dan proses pertolongannya. Bandung : STKS Press
- Husna, Asmaul. 2019. Resiliensi Orang Dengan HIV/AIDS dalam Menghadapi Stigma dan Diskriminasi. Tesis. Malang: Universitas Muhammadiyah Malang
- Hutapea, Ronald. 1995. Aids PMS dan Pemerkosaan. Jakarta : Rineka Cipta
- Lina Favourita dkk. 2014. Praktik Pekerja Sosial dengan HIV/AIDS. Bandung: STKS Press
- Listyawati dan r. suprayogo. 2018. DIY rentan terhadap hiv dan aids. *Jurnal Media Informasi Penelitian Kesejahteraan Sosial*. 42(2), 115-130
- Marlinda, Yetik, Muhammad Azinar. 2017. Perilaku pencegahan penularan HIV/AIDS. *Jurnal UNNES vol. 2*.
- Moh. Nazir. 2005. Metode Penelitian. Bogor: Ghalia Indonesia
- Nasronudin. 2007. HIV& AIDS pendekatan biologi molekuler, klinis dan sosial. Surabaya : airlangga university press
- Nasution, S. M. 2011. Resiliensi daya pegas menghadapi trauma kehidupan. Medan : USU Press
- Nurbaety, Devi Mei. 2017. Resiliensi Orang dengan HIV/AIDS dalam Perspektif Islam (Studi kasus di LSM Keluarga Besar Waria Yogyakarta). Skripsi. Yogyakarta : UIN Sunan Kalijaga Yogyakarta
- Permensos Nomor 6 tahun 2018 Tentang Standar Nasional Rehabilitasi Sosial Orang dengan Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome.
- Poindexter, Cynthia Cannon. 2010. Handbook of HIV and Social Work : Principles, Practice, and Populations. Hoboken, New Jersey: Wiley
- Reivich, K & Shatté, Andrew. 2002. The Resilience Factor: 7 keys to finding our inner strength and overcoming life's hurdles. New York: Park Avenue
- Sianipar, Damaris. 2017. Resiliensi Narapidana Penderita HIV/AIDS di Lembaga Pemasyarakatan Cipinang Jakarta Timur. Skripsi. Bandung: STKS Bandung
- Soekanto, Soerjono. 2006. Sosiologi Suatu Pengantar. Jakarta: Raja Grafindo Persada
- Southwick, P.C. 2001. Empathy, Resilience, and consciousness. Proceedings of The Tao of Resilience. Diakses dari [www.oocities.org/ionam/Chaosophy4/Resilience/resilience.html](http://www.oocities.org/ionam/Chaosophy4/Resilience/resilience.html)
- Sugiyono. 2015. Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta
- Suharto, Edi. 2014. Membangun Masyarakat Memberdayakan Rakyat (Kajian Strategis Pembangunan Kesejahteraan Sosial & Pekerjaan Sosial). Bandung: Refika Aditama
- Tarigan, Veni Alvionita (2018). Kondisi Resiliensi Mahasiswa Aktif Program Studi Bimbingan dan Konseling Fakultas Pendidikan dan Bahasa Universitas Katolik Indonesia Atma Jaya. *Jurnal Psiko-Edukasi*. Volume 16: 50-62
- Widyaningtyas, Natalia Ayu. 2009. Studi Deskriptif Tentang Derajat Resiliensi pada Wanita yang Terinfeksi HIV/AIDS di Sanggar Kerja Yayasan X Jakarta. Undergraduate Thesis. Universitas Kristen

Maranatha.

<http://repository.maranatha.edu/8081/>

Yudhi Tri Gunawan dkk. 2016. Hubungan karakteristik ODHA dengan kejadian loss to Follow Up terapi ARV di Kabupaten Jember. Jurnal IKESMA Vol. 12(1), 54-64