

## Does Emotion Regulation Encourage PLWHA to Disclose Their Status?

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### ABSTRACT

**Background:** People living with HIV/AIDS (PLWHA) face physical and psychological challenges that often trigger negative emotional states. These are worsened by social stigma and discrimination, leading to reduced quality of life, poor treatment adherence, and social withdrawal. Understanding how PLWHA regulate their emotions is essential for developing effective supportive intervention. **Objective:** This study aims to analyze the factors that influence emotional regulation among PLWHA, with a focus on understanding the role of social and environmental support systems. By identifying key influences, the study seeks to inform strategies that foster better mental health outcomes in this vulnerable population. **Methods:** A qualitative case study approach was employed, utilising in-depth interviews with 1 key informant, 8 PLWHA informants, and 5 additional informants, including family and peers. Data were also collected through Focused Group Discussions (FGD) with 6 peer companions. Thematic content analysis was used to interpret the data. **Results:** Emotional regulation among PLWHA is significantly influenced by environmental acceptance and the availability of social support, particularly from family and peer companions. Positive social interactions contribute to increased motivation to pursue medical treatment and improve life satisfaction. On the other hand, ongoing stigma and discrimination were found to trigger negative emotional responses, including anxiety, shame, and social isolation. **Conclusion:** Emotion regulation among PLWHA is shaped by multifaceted factors, including environmental support, traumatic experiences, and physical changes. Interventions focusing on reducing stigma and enhancing peer and family support are crucial to fostering positive emotional outcomes.

**Keywords:** Emotional regulation, PLWHA, Social support, Stigma

### INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that attacks CD4 cells, compromising the immune system and increasing susceptibility to opportunistic infections. Without treatment, HIV progresses to Acquired Immunodeficiency Syndrome (AIDS), a condition marked by severe immune system damage (Khamid *et al.*, 2023a). While antiretroviral therapy (ART) can suppress viral replication, HIV/AIDS remains incurable and presents significant physical and mental health challenges for those affected (World Health Organization, 2023).

As of September 2022, Indonesia reported 338,760 cumulative HIV cases and 140,024 AIDS cases. East Java Province ranks third in the country, with 73,096 HIV cases and 21,952 AIDS cases. Jember Regency, located within East Java, reported a marked increase in cases from 637 in 2021 to 802 in 2022 (Unit Pelayanan Kesehatan Kemenkes RI, 2021). The predominant transmission routes include

unprotected sexual activity, shared needle use, and mother-to-child transmission during pregnancy (SIHA, 2022) (Mubarak, Rif'ah and Rokhmah, 2025).

People living with HIV/AIDS (PLWHA) often experience significant physical challenges, including immune suppression and related complications (Rokhmah and Khoiron, 2015). Mentally, they frequently face difficulties in accepting their diagnosis, leading to emotions such as shock, anger, anxiety, and depression (Handitya and Sacipto, 2019). These emotions are compounded by societal stigma and discrimination, which further isolate PLWHA and discourage self-disclosure. The interplay between stigma and internal emotional states highlights the critical need for effective emotion regulation strategies among PLWHA.

As Hendrikson said, emotion regulation is influenced by multiple factors, including environmental support, personal experiences, parenting styles, traumatic events, and physical health changes (Anggraeni and Wahyudi, 2018).

Positive influences, such as acceptance and social support, can foster resilience and motivation to seek treatment, while stigma and negative experiences exacerbate psychological distress. Given the multifaceted challenges faced by PLWHA, this study aims to explore the factors that influence emotion regulation within this population, providing insights into how supportive environments can improve their emotional and overall well-being. Based on the description and problems that have been expressed, it is necessary to conduct further studies on the factors that affect the regulation of PLWHA emotions.

## METHODS

This research is qualitative research with a case study approach. This research was conducted at the Pelangi Peer Supporting Group in Jember. This research was conducted from January to May 2024. There are three types of informants in this study, namely key informants, main informants and additional informants. The key informants are the coordinator of KDS Pelangi Jember. The main informants were 8 PLWHA from the Pelangi Peer Supporting Group. The inclusion of 8 PLWHA informants was deemed sufficient as thematic saturation was achieved; subsequent interviews yielded no new insights, suggesting that the data collected were adequate to address the research objectives. The additional informants were 5 people, consisting of peer companions, wives, friends, and nephews. The total number in this study was 14. Informants are determined using purposive techniques based on criteria that are per the problems to be studied. The criteria for the main informant and additional informant are as follows:

**Table 1.** Criteria for the main and additional informants

| No. | Main informants  | Additional informants  |
|-----|--|--|
| 1.  | PLWHA assisted by Pelangi Peer Supporting Group and residing in Jember Regency | The closest person to the main informant is a partner, friend, family, or peer companion |
| 2.  | Willing to be an informant   | Willing to be an informant   |

Data collection in this study was carried out by conducting in-depth interviews using an interview guide. The interview technique used in this study is a semi-structured interview with questions related to factors that affect emotion regulation. In addition, data collection was also carried out by Focused Group Discussion (FGD), which was carried out with peer companions to support and as additional information that had been obtained from in-depth interviews.

The data obtained was analyzed using thematic content analysis. The thematic content analysis was carried out by collecting data in the field through interviews and FGD. Answers from informants were analyzed to obtain credible data. The data that has been collected is then reduced by testing its relevance to the focus of the research. Furthermore, the data were summarised and grouped based on the focus of the study, while irrelevant data were removed. After that, the data is presented in an easy-to-understand format and verified to draw conclusions. The validity of the data was measured using source triangulation and data technique triangulation to make the results more consistent. This research has been approved by the Ethics Commission of the Faculty of Dentistry, University of Jember, with number No.2428/UN25.8/KEPK/DL/2024.

## RESULTS AND DISCUSSION

### Characteristics of Research Informants

The informants of this study consisted of 14 informants, namely 1 key informant, 8 main informants, and 5 additional informants that can shown in the following tables:

**Table 2.** Characteristics of Key Informants

| Key Informants | Gender | Age | Position |
|----------------|--------|-----|----------|
| KI             | Man    | 45  | Founder  |

**Table 3.** Characteristics of the Main Informants

| Key Informants | Gender | Age | Work          | Diagnosed |
|----------------|--------|-----|---------------|-----------|
| MI 1           | Woman  | 57  | Self employed | 8 Years   |
| MI 2           | Man    | 40  | Teacher       | 3 Years   |

|      |           |    |                      |         |
|------|-----------|----|----------------------|---------|
| MI 3 | Man       | 27 | Not workin<br>g      | 1 Year  |
| MI 4 | Man       | 40 | Farm labor           | 7 Years |
| MI 5 | Man       | 37 | Not workin<br>g      | 3 Years |
| MI 6 | Woma<br>n | 45 | Female sex<br>worker | 2 Years |
| MI 7 | Woma<br>n | 34 | Female sex<br>worker | 4 Years |
| MI 8 | Woma<br>n | 54 | Self employ<br>ed    | 1 Year  |

**Table 4.** Characteristics of Additional Informants

| Additional Informants | Gender | Age | Relationship with MI |
|-----------------------|--------|-----|----------------------|
| AI 1                  | Woman  | 44  | Peer mentor          |
| AI 2                  | Woman  | 44  | Peer mentor          |
| AI 4                  | Woman  | 43  | Wife                 |
| AI 6                  | Woman  | 45  | Friend               |
| AI 8                  | Man    | 35  | Nephew               |

Three key informants do not have key informant companions, namely MI 3, MI 5, and MI 7. This is because MI 3, MI 5, and MI 7 live alone and are separated from their families. In addition, they are not open about their status as PLWHA to others.

#### Themes and Sub-Themes

Thematic Content Analysis produces 1 main theme: factors that affect the emotion regulations, with the following details:

**Table 5.** Themes and Sub-Themes Produced from Data Analysis

| Themes                                | Sub Themes  |
|---------------------------------------|---|
| Antecedent-Focused Emotion Regulation | <ul style="list-style-type: none"> <li>Environmental Factors</li> <li>Experience Factors</li> <li>Parenting Styles</li> <li>Traumatic Experiences</li> <li>Physical Changes</li> <li>Changes in External Views</li> </ul> |

#### Environmental Factors

Based on the research conducted, four informants received acceptance from the environment after knowing their status as PLWHA. MI 1 gets acceptance from her siblings and children, MI 4 gets acceptance from parents and wife, MI 5 gets

acceptance from parents and siblings, and MI 7 gets acceptance from parents. The four informants all received acceptance from their closest people as follows:

*"..... They (family) told me that the important thing is to have regular treatment, take care of your health, and be enthusiastic for the children..... If the first child usually says "Mama has taken the medicine, Mama?" if this second child actually doesn't know, but usually when I drop he wants to help me" (MI 1, 57 years old)*

After informing her of her status, MI 1 received acceptance and understanding regarding her status from her siblings and children. In addition, MI 1 also received support from her family. Family is the most perfect strength for PLWHA in dealing with their diseases. This is strengthened by the results of the FGD, which shows that the closest source of support for PLWHA is the family, as follows:

*"But if it is more in the family, it is more for you to be accepted from the family itself..... If in the family, at most it is only for acceptance, later if there is a rich neighbour (like) this..... at least there is a supportive family" (PC 3, 30 years old)*

The opposite happened to four informants who received stigma and discrimination from the environment, both their families and the surrounding community, after learning about their status as PLWHA. MI 2 gets discrimination from her parents and siblings, MI 3 gets unpleasant treatment from her parents, while MI 6 and MI 8 get stigmatisation from the surrounding community. This is evidenced by the following quote:

*"..... Some are welcome, some still feel that they keep their distance..... They still say hello to me, thank God. If I am here now, I am alone. No friends. He said he had no friends....." (MI 2, 40 years old).*

MI 2 receives discrimination from the family because the stigma that still emerges in society influences the psychological condition of family

members. This causes PLWHA and their families to be ostracised and isolated from the social environment. What was experienced by MI 2 was strengthened by the results of the interview with AI 2 as follows:

*This is also why he has just moved to his house, which is only maybe a year old; his family does not want to go there at all (AI 2, 44 years old)*

Discrimination by family causes MI 2 to experience excessive anxiety due to the emergence of a sense of loneliness.

The environment, particularly the family and social circles, significantly impacts emotional regulation (Nabila, Rokhmah and Nafikadini, 2025). Positive environments characterised by acceptance and support foster resilience, reduce feelings of isolation, and encourage PLWHA to adhere to treatment regimens. Social support, such as Family support, as identified in this study, enhances a sense of belonging and security, motivating individuals to improve their quality of life. This finding aligns with prior research demonstrating that familial acceptance mitigates psychological distress and strengthens emotional stability (Lutfianawati *et al.*, 2023) (Ashar, 2023).

Social support involves emotional involvement, provision of information, instrumental assistance, and positive appraisal to help individuals cope with their problems. This is in line with Aziza and Sunawan (2021) who explain that social support received by children from their environment, such as encouragement, attention, appreciation, assistance, and affection, helps them feel loved, cared for, and valued by others. In addition, research conducted by (Adinda and Prastuti, 2021) indicates that strong social support can positively influence emotional regulation. The ability to regulate emotions, combined with the presence of social support, can significantly affect stress coping capacity and the success of coping efforts.

Conversely, stigma and discrimination from families and communities contribute to negative emotional states such as anxiety and depression (Mustamu, Nurdin and Pratiwi, 2019). These findings corroborate earlier studies indicating that social rejection and discrimination exacerbate feelings of

isolation and hinder emotional regulation (Firmansyah, Bashori and Hayati, 1970). Addressing stigma and fostering community-wide acceptance are thus critical components of interventions aimed at improving emotional regulation in PLWHA.

#### Experience Factors

The results of the study showed that interaction could shape the experience for two informants, namely MI 1 and MI 2. MI 1 interacts with fellow survivors as per the following quote:

*"..... Alhamdulillah, many friends are also at Subandi Hospital, there are many friends. If I have taken the medicine, I will talk like this..... so I don't feel a lot of oo myself, it turns out" (MI 1, 57 years old)*

According to MI 1, interaction with fellow survivors can eliminate the sense of loneliness experienced in facing an HIV/AIDS diagnosis. This is also experienced by MI 2 who interacts with the surrounding environment, namely neighbors as the following quote:

*..... I'm sorry next door (my next-door neighbour is good) Mom, I usually (usually) play there and sometimes eat my mbek wonge (with that person)" (MI 2, 40 years old)*

The existence of this interaction caused MI 2 to feel that she was getting attention from the surrounding environment, even though she was diagnosed with HIV/AIDS. In addition to interaction, social support is also expected to form a positive experience for PLWHA. MI 3 and MI 4 get support from their partners, MI 3 gets support from same-sex couples, while MI 4 gets support from wives as follows:

*"..... So yes, from myself, my wife said this, yes, I obeyed....." (MI 4, 40 years old)*

*"..... In the past, when I arrived at the rice field, it was time to take medicine. I delivered the medicine there. You can't be late, right, he said that if it is 11 o'clock, I will deliver it at 11 o'clock," (AI 4, 43 years old)*





MI 4 said that during her HIV/AIDS diagnosis, her wife gave advice regarding her condition and helped her during the treatment period by delivering medication to her workplace. For MI 5, MI 6, and MI 7, define a positive experience as when they get support from a peer companion as follows:

*"..... like this, Mbak Dwi, Mbak Citra, who encouraged me. Once I went to the treatment, I stopped, they were waiting for the medicine..... They have an extraordinary spirit of giving, yes, so I also have to be enthusiastic, I don't waste them. They are enthusiastic, I have to give up....."*  
(MI 5, 37 years old)

According to MI 5, the support provided by peer companions encourages her to be more enthusiastic in living her life after being diagnosed with HIV/AIDS. This is reinforced by the results of the following FGD:

*"..... If in what environment in the KDS environment or peer groups, we are more worried about this work being solved..... Because our friends are getting more and more automatic here, huh....."* (PC 3, 30 years old).

The results of the FGD show that in addition to support related to treatment, peer companions are also able to solve the concerns of PLWHA in facing their status. Meanwhile, MI 8 received support from her son as the following quote:

*"..... said my son "Mama don't buy CBR, pamero (show off) the same thing, let you have a disease like that, show me that you are more beautiful than her"....."* (MI 8, 53 years old).

Personal experiences, including interactions with peers and supportive individuals, play a pivotal role in emotional regulation. The study revealed that peer companions provide emotional and practical support, which fosters motivation and mitigates the psychological impact of an HIV diagnosis. Social interaction has been shown to counter feelings of

loneliness and improve emotional well-being (Putri *et al.*, 2022) (Aswar, Munaing and Justika, 2020). Negative experiences, such as traumatic events or social rejection, present significant barriers to emotional regulation (Gerber and Gerber, 2019). Trauma from stigma or discriminatory practices was found to have a long-term psychological impact, underscoring the need for trauma-informed care for PLWHA.

#### **Parenting Style**

Based on the research conducted, four informants received permissive parenting, namely MI 4, MI 5, MI 6, and MI 7. This is evidenced by the following interview excerpts:

*"I live here with my mother..... What kind of person, parents are ordinary people, so yes, it's normal, those who prohibit this are just released by me...."* (MI 5, 37 years old)

MI 5 is given complete freedom over herself, so MI 5 does not get attention from her parents when she is diagnosed with HIV/AIDS. The absence of a parental role causes MI 5 to feel alone and desperate in dealing with her illness, so MI 5 decides to stop taking medication. The other three informants received authoritarian parenting, namely MI 2, MI 3 and MI 8, according to the following interview excerpts:

*"..... My family is the one who has always been the one you have to listen to me..... My biological mother's family is also like that to me. In the end, I was "del" like that..... So it's better for me myself....."* (MI 2, 40 years old)

MI 4 is required to always obey what her parents order, causing MI 4 to tend to oppose her parents because she feels limited in her freedom. Meanwhile, one other informant, MI 1, received a democratic parenting style according to the following interview excerpt:

*"....If the parents are kind and affectionate, they have never forced anything, I must be involved when I do something like that, mbak...."* (MI 1, 57 years old)



Based on the quote, it was found that MI 1 was involved in every decision-making. Parenting styles also emerged as a key factor influencing emotional regulation. Democratic parenting, which promotes open communication and emotional support, was associated with more stable emotional regulation in PLWHA. In contrast, authoritarian or permissive parenting styles often contributed to emotional instability and withdrawal from social environments. These findings suggest that interventions targeting emotional regulation should also consider the familial context and parenting practices as influencing factors (Subagia, 2021) (Zannah, Mulyana and Sumardi, 2021).

### Traumatic Experiences

Trauma was experienced by seven informants, namely MI 1, MI 2, MI 3, MI 5, MI 6, MI 7, and MI 8. They experienced trauma after receiving an HIV/AIDS diagnosis, according to the following interview excerpts:

..... When I was sick, I was a doctor, and my sentence was not long..... So the effect is that until this second the shadow remains..... Finally, every time it rains, I don't think about it all night. This is mbulet wes ya (mind)" (MI 2, 40 years old)

MI 2 thinks that after getting an HIV diagnosis, her life will not be long. The diagnosis given raises various emotions to cause depression in the informant. According to Elizabeth Kubler-Ross, the emotions that arise in receiving a diagnosis can be in the form of rejection, anger, bargaining, and even depression.

Two informants, namely MI 4 and MI 8, received stigma and discrimination from the surrounding environment according to the following interview excerpts:

"This is to go to the village (wife), since Rono has not been approached with the past. If I am in my wife's village in Sulawesi, she said that if I go home, I will be evacuated to the mountain, she said" (MI 4, 40 years old)

"I wanted to go to the village, my family said, 'later if I come here, the neighbours here will be afraid that no one will want to play at home'. I

used to want to go to the village, I was afraid." (AI 4, 43 years old)

MI 4 and AI 4 received discrimination from their families, namely being excluded from the social environment. Thus, it can be concluded that traumatic experiences have an impact on the psychology of HIV/AIDS patients in the long term and hurt HIV/AIDS treatment efforts (Ofosu, 2021).

### Physical Changes

Six informants, namely MI 2, MI 3, MI 4, MI 5, MI 7, and MI 8 who experienced several symptoms of wasting syndrome according to the following quote:

"..... used to use a wheelchair. Oh, what used to be when the new treatment was even worse. I went from 50 kilos down to 30. Lunglai wes kaya (like) there are no muscles. I can't do anything ....." (MI 2, 40 years old)

"..... I can't do anything in a wheelchair, I'm so skinny....." (AI 2, 44 years old)

The weight loss experienced caused MI 2 to be unable to perform activities as usual. In contrast to what was experienced by the two informants, namely MI 1 and MI 6, as follows:

"Alhamdulillah, now I'm getting fatter. It's getting healthier, Alhamdulillah..... No, I never complained. I don't have any complaints like that" (MI 6, 45 years old)

"I see no change when Karin is positive. Mmm, not skinny, nothing like coughing. I see that the gatels in his body are also not there, in fact they are there" (AI 6, 45 years old)

Based on the quote, it was found that MI 6 did not experience wasting syndrome. The consistency of ARV treatment is the key to minimising the amount of viral load on the body of PLWHA so that it is able to increase weight. This is reinforced by the following quote:

"..... The change at the beginning must be so, but some do not have side effects from the drug..... Then

*there is a fast-track program... The sooner he knew, the sooner he underwent treatment..... Well, usually it's a quick turn...." (KI, 40 years old)*

The key informant said that *wasting syndrome* may not occur in PLWHA because the consistency of ARV treatment will speed up the body's recovery process. The sooner he undergoes treatment, the faster the body returns to its original condition.

#### **Changes in External Views**

Six informants who have made *self-disclosures* have been stigmatised and discriminated against. MI 1 gets stigma from family, while MI 2, MI 4, MI 5, MI 6, and MI 8 get stigma from the surrounding environment as the following quote:

*"Yes, this (family) is a bit disappointed. Because my husband is why is it like that. Because people are educated, I mean they teach, right, teaching education, how can it be like that ....." (MI 1, 57 years old)*

*"It's just that person's assessment, right..... disgusting..... Even though if you know the knowledge, maybe not..... I felt unwelcome in a social environment for people who understood my situation. People who don't understand (HIV status) yes they make friends, yes, fine-fine ....." (MI 2, 40 years old)*

According to MI 2, people who know their status will view it as disgusting, and so they are excluded from the social environment. But on the contrary, people who do not know their status will view them as human beings in general. This caused two other informants, namely MI 3 and MI 7, who decided not to disclose their status to others because they were reluctant to accept stigma and discrimination as follows:

*"It's not normal (the response of the surrounding environment), because there are no people around, people have never known" (MI 3, 27 years old)*

MI 3's decision not to open her status to the surrounding environment caused MI 3 not to receive stigma and discrimination, so

that her activities ran normally as usual. Most of the images attached to PLWHA lead to negative things, so that PLWHA has hope for stigma and discrimination, as the following quote:

*"If I hope as an ODHIV, the wider community will think of it as HIV, like a person with a heart disease, like a diabetic, like that, which will not be that easy to transmit" (PC 3, 30 years old)*

PLWHA hopes that stigma and discrimination will no longer develop and HIV/AIDS will have the same position as other infectious diseases. Physical changes associated with HIV/AIDS, such as *wasting syndrome*, can profoundly affect emotional regulation. Participants who consistently adhered to antiretroviral therapy (ART) experienced fewer physical complications and demonstrated greater emotional stability (Limalvin, Putri and Sari, 2020) (Khamid *et al.*, 2023b). This finding supports evidence that effective ART not only improves physical health but also positively influences mental well-being by alleviating the psychological burden of illness (Dwivedi and Pandey, 2018). External perceptions also play a role in shaping emotional regulation. PLWHA who disclosed their status often faced stigma, which exacerbated emotional distress (Herdiyanto and Supriyadi, 2016). Conversely, those who refrained from disclosure avoided these negative externalities but also missed out on potential social support (Panogari, Luqman and Hasfi, 2023). This duality highlights the complex relationship between self-disclosure, societal attitudes, and emotional outcomes.

#### **Theoretical Analysis: James Gross's Emotion regulation model**

The findings of this study can be further analysed using the theoretical framework proposed by James Gross (1998), which distinguishes emotion regulation strategies into two major categories: Antecedent-Focused Strategies and Response-Focused Strategies. In this study, many of the participants demonstrated antecedent-focused strategies.

##### **a. Environmental and Social Support**

MI 1, MI 4, and MI 5 reflected efforts at cognitive reappraisal, as participants reinterpreted their HIV status in a

more positive light with the help of supportive relationships.

b. Democratic Parenting

MI 1 facilitated early emotional development, enabling more adaptive emotion regulation.

c. Peer Interactions and Companionship

Enabled situation modification and attentional deployment, helping individuals to shift focus from stigma to community support.

Conversely, response-focused strategies were also evident, especially in the face of stigma and discrimination:

a. Withdrawing and Hiding HIV Status

MI 3, MI 5, MI 7 are indicative of emotional suppression, used to avoid negative reactions from others.

b. Experiences of Anxiety and Trauma

MI 2 demonstrated how maladaptive response-focused strategies can worsen psychological conditions when not properly addressed.

## CONCLUSION

Emotional regulation is influenced by acceptance and support from the environment, which can foster the motivation of PLWHA to continue to improve their quality of life through treatment, as well as vice versa. Stigma and discrimination that arise in the surrounding environment cause PLWHA to experience a sense of loneliness and anxiety. Interaction with others and support from the closest people, one of which is peer companions, is an experience that builds the spirit of PLWHA in dealing with a diagnosis. Then authoritarian parenting and permissive parenting can give rise to negative emotional turmoil, such as withdrawal from the social environment, which has an impact on HIV/AIDS treatment. Various emotions arise in PLWHA when receiving a diagnosis and experiencing stigma and discrimination, into traumatic experiences. Physical changes have an impact on the psychology of PLWHA because there is a decrease in productivity. In addition, a change in external views causes PLWHA to be more comfortable when their status is unknown to others.

## REFERENCES

Adinda, S. T. and Prastuti, E. (2021) 'Regulasi emosi dan dukungan sosial:

sebagai prediktor ide bunuh diri mahasiswa', *Journal An-Nafs: Kajian Penelitian Psikologi*, 6(1), pp. 135-151.

Anggraeni, A. A. P. and Wahyudi, H. (2018) 'Studi Deskriptif Mengenai Resiliensi pada ODHA di Komunitas KDS Puzzle Club Bandung', *Jurnal Psikologi*, 04(02), pp. 850-856.

Ashar, M. U. (2023) 'Pengaruh Dukungan Keluarga Terhadap Kualitas Hidup ODHA di Puskesmas Jumpandang Baru Kota Makassar', *Jurnal Keperawatan*, 11(1), pp. 16-24.

Aswar, A., Munaing, M. and Justika, J. (2020) 'Pengaruh Dukungan Sosial Terhadap Kualitas Hidup ODHA di Kota Makassar KDS Saribattangku', *Jurnal RAP (Riset Aktual Psikologi Universitas Negeri Padang)*, 11(1), p. 80. doi: 10.24036/rapun.v11i1.109551.

Aziza, Z. N. and Sunawan (2021) 'Dukungan Sosial, Kesulitan Regulasi Emosi dan Resiliensi Siswa', *Indonesian Journal of Guidance and Counseling: Theory and Application*, 10(1), pp. 73-82.

Dwivedi, R. and Pandey, V. (2018) 'Wasting Syndrome and Quality of Life in HIV/AIDS', *Austin J HIV/AIDS Research*, 5(2).

Firmansyah, O. B. M., Bashori, K. and Hayati, E. N. (1970) 'Pengaruh Terapi Pemaafan Dengan Dzikir Untuk Meningkatkan Penerimaan Diri Pada Orang Dengan Hiv/Aids (Odha)', *Psikis: Jurnal Psikologi Islami*, 5(1), pp. 13-23. doi: 10.19109/psikis.v5i1.2036.

Gerber, M. R. and Gerber, E. B. (2019) 'An Introduction to Trauma and Health', in *Trauma-Informed Healthcare Approaches*. USA: Springer Nature Switzerland, pp. 3-23. doi: 10.1007/978-3-030-04342-1\_1.

Handitya, B. and Sacipto, R. (2019) 'Penanggulangan dan Pencegahan HIV dan AIDS Secara Terintegrasi, Tepat, Kolaboratif dan Berkesinambungan (TETEP KOBER) di Kabupaten Semarang', *Adil Indonesia Jurnal*, 1, pp. 51-60.

Herdiyanto, Y. K. and Supriyadi (2016) *Buku Ajar Psikologi Sosial I*. Bali: Universitas Udayana.

Khamid, M. N. et al. (2023a) 'Behavior of men who have sex with men (MSM) with HIV-positive population in preventing HIV/AIDS transmission: A phenomenology study', *Rawal Medical Journal*, 48(2), pp. 301-304. doi: 10.5455/rmj.20230222011700.

Khamid, M. N. et al. (2023b) 'Social Capital in Preventing Hiv Transmission Among Hiv-Positive Men Who Have Sex With Men (Msm)



- Adults in Indonesia', *Malaysian Journal of Public Health Medicine*, 23(2), pp. 73-78.
- Limalvin, N. P., Putri, W. C. W. S. and Sari, K. A. K. (2020) 'Gambaran Dampak Psikologis, Sosial dan Ekonomi pada ODHA di Yayasan Spirit Paramacitta Denpasar', *Intisari Sains Medis*, 11(1), pp. 81-91. doi: 10.15562/ism.v11i1.208.
- Lutfianawati, D. et al. (2023) 'Pelatihan Regulasi Emosi Pada Mahasiswa Baru', *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(9), pp. 3609-3622. doi: 10.33024/jkpm.v6i9.10857.
- Mubarok, I., Rif'ah, E. N. and Rokhmah, D. (2025) 'Risk and Protective Factors Influencing Sexual Orientation among Islamic Boarding School Students in Jember, Indonesia', *Jurnal Kedokteran dan Kesehatan Indonesia*, 16(1), pp. 58-69. doi: 10.20885/JKKI.Vol16.Iss1.art7.
- Mustamu, A. C., Nurdin, M. and Pratiwi, I. G. (2019) 'Hubungan Antara Dukungan Keluarga Dengan Kualitas Hidup Pada Orang Dengan Hiv Dan Aids', *Jurnal Kesehatan Prima*, 13(1), pp. 76-84. doi: 10.32.807/jkp.v13i1.211.
- Nabila, I. N., Rokhmah, D. and Nafikadini, I. (2025) 'Emotional Regulation on People Living with HIV/AIDS: Case Study in Pelangi Peer Supporting Group', *Jurnal Ilmu Kesehatan Masyarakat (JIKM)*, 16(1), pp. 46-61.
- Ofosu, S. K. (2021) 'Traumatic Experiences of Women Living With Hiv/Aids in Ghana', *Postgraduate Medical Journal of Ghana*, 10(1), pp. 54-59. doi: 10.60014/pmjpg.v10i1.252.
- Panogari, D., Luqman, Y. and Hasfi, N. (2023) 'Komunikasi Keterbukaan Diri Orang Dengan HIV/AIDS (ODHA) Melalui Platform Media Sosial Youtube', *Interaksi Online*, 11, pp. 170-183.
- Putri, U. N. H. et al. (2022) *Modul Kesehatan Mental*. Cetakan Pe. Edited by T. Akbar and Safrinal. Sumatera Barat: CV. Azka Pustaka.
- Rokhmah, D. and Khoiron (2015) 'The Urgency of Policy Implementation Alteration in Decreasing STD, HIV and AIDS in MSM Community at Jember Regency', *Jurnal MKMI*, 11(4), pp. 210-217.
- SIHA (2022) *Perkembangan HIV AIDS dan Penyakit Infeksi Menular Seksual (PIMS) Triwulan I Januari-Juni Tahun 2022*, Direktorat Jenderal Pencegahan dan Pengendalian Penyakit. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Subagia, I. N. (2021) *Pola Asuh Orang Tua: Faktor dan Implikasi terhadap Perkembangan Karakter Anak*. Cetakan Pe. Edited by V. Priya. Bali: NILACAKRA.
- Unit Pelayanan Kesehatan Kemenkes RI (2021) 'Kenali Faktor Risiko HIV/AIDS dan Pencegahannya', *Kementerian Kesehatan RI*.
- World Health Organization (2023) 'HIV and AIDS', *World Health Organization*.
- Zannah, R. R., Mulyana, E. H. and Sumardi (2021) 'Perkembangan Emosi Anak Usia Dini Pada Keluarga Pola Asuh Demokratis', *CERIA*, 4(5), pp. 1-113. doi: https://doi.org/10.22460/ceria.v4i5.p%25p.