Jurnal
Berita Ilmu Keperawatan

Jurnal Berita Ilmu Keperawatan
Vol. 19 (2), 2026
p-ISSN: 1979-2697
e-ISSN: 2721-1797
https://doi.org/10.23917/bik.v19i12.11046

Resilience Experiences of People Living with HIV in Confronting Stigma in Bali: A Qualitative Study

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Abstract:
Stigma can cause significant emotional distress in people living with HIV (PLWH), including shame, depression, anxiety, and even suicidal ideation. These emotional challenges often create a sense of pressure and stress. Resilience plays a crucial role in enabling PLWH to cope with stigma and maintain their quality of life. Understanding how resilience operates in response to HIV-related stigma is essential for designing effective intervention programs such as psychoeducation. This study aimed to explore the resilience experiences of PLWH in dealing with stigma. A qualitative research design with a phenomenological approach was applied. Semi-structured interviews were conducted with ten participants selected through purposive sampling. Data were analyzed using thematic analysis. The findings revealed two main themes. The first theme identified stigma as an adaptive challenge that influences the development of resilience in PLWH. The second theme highlighted resilience strategies, encompassing both internal and external resources. Internal strategies included self-acceptance, self-motivation, and positive thinking. External strategies involved seeking social support from peers, family, and community. The study concludes that individuals with strong resilience are better equipped to adapt and respond to HIV-related stigma. Encouraging PLWH to cultivate inner strengths and connect with external support systems can reduce isolation and enhance coping. Sharing experiences with others facing similar challenges is also beneficial in strengthening resilience. These insights can serve as the basis for future interventions aimed at improving the psychological well-being and social integration of PLWH.

Keywords: *AIDS, experience, HIV, resilience, stigma*
Submitted: 14 June 2025, reviewed: 23 December 2025, revised: 21 July 2026, accepted: 22 July 2026, published: 31 July 2026

INTRODUCTION

The global number of HIV cases has fluctuated over time, with some regions experiencing increases. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), since the onset of the epidemic in 2020, approximately 85.6 million people have been infected with HIV, and about 40.4 million have died from AIDS-related illnesses. By 2023, it was estimated that around 39.0 million people worldwide were living with HIV (UNAIDS, 2024). In Southeast Asia, Indonesia has reported a significant burden, with the first case identified in Bali in 1987. Since then, cases have increased and spread to nearly all provinces (Ministry of Health Indonesia, 2022). In the first quarter of 2021, 2,729 individuals living with HIV were lost to follow-up, and 1,818 deaths were reported Ministry of Health Indonesia, 2021). A study by Adelekan et al. (2019) identified social factors as predictors of loss to follow-up, including negative attitudes, discrimination, and stigma.

HIV-related stigma is a commonly reported issue globally and significantly impacts the lives of people living with HIV (PLWH) (Fekete et al., 2018). In Indonesia, stigma impedes access to HIV prevention, treatment, and care services (Tran et al., 2019). It can cause psychological distress, including shame, depression, anxiety, and suicidal ideation (Armoon et al., 2022), leading to stress and emotional burden (Digdyani et al., 2018). In Bali, this stigma is shaped by specific cultural and social dimensions.

One crucial factor enabling PLWH to cope with stigma is resilience (Oktapia S & Huwae, 2023), defined as the capacity to overcome adversity and maintain functional well-being. According to Reivich and Shatté (2002), resilience enables individuals to manage change, control emotions, and process past trauma by utilizing both internal and external resources. Traits such as optimism, hope, gratitude, and empathy strengthen emotional resilience. Previous studies have found significant correlations between stigma and resilience (Fletcher et al., 2020a; Krisnayanti et al., 2018; Oktapia & Huwae, 2023) and propose strategies to mitigate stigma among PLWH (Velga & Delvi, 2022; Raya & Nilmanat, 2021).

Resilience can support PLWH in facing stigma and discrimination, ultimately enhancing their quality of life. Education, understanding, and support from families, communities, and healthcare professionals are essential in reducing stigma (Raya & Nilmanat, 2021). Stigma—both internal and external—continues to obstruct effective treatment. PLWH often face rejection, social isolation, and difficulty disclosing their status (Irnawati, 2023). Previous studies showed the relationship between the type of treatment and resilience, but it was not deep enough to explore resilience to stigma among HIV patients (Fitria et al., 2024). Due to limited research on how resilience specifically helps PLWH navigate stigma, particularly in Bali, which ranks sixth in Indonesia for HIV-AIDS cases (Ministry of Health Indonesia, 2022). PLWH continue to face HIV-related stigma while striving to maintain their daily to achieve quality of life. Resilience plays an essential role in enabling PLWH to cope with HIV-related stigma and sustain their activities of daily living despite ongoing psychosocial challenges. Understanding the resilience enacted in the context of HIV-related stigma is crucial for informing supportive interventions. This study seeks to address the following research question: How are the resilience experiences of PLWH in coping with HIV-related stigma, especially within their surrounding communities in Bali? This study aims to explore the lived experiences of resilience among PLWH in confronting HIV-related stigma in Bali.

METHODS

Research Design

This study employed a qualitative approach using a phenomenological method. Husserl (1963) argued that phenomenology is used to return to experience as it is directly lived and perceived by individuals, a principle often referred to as 'back to the things themselves'. Phenomenology seeks to understand the essence of individuals' lived experiences of a particular phenomenon rather than examining causal relationships or developing new theories (Crowe & Manuel, 2024). Therefore, when the purpose of a study is to explore how individuals experience, interpret, and assign meaning to a phenomenon, descriptive phenomenology is considered a research design.

Setting and Participants

This study was conducted in Bali, specifically in regencies such as Denpasar, Badung, and Gianyar, in collaboration with a non-governmental organization, Spirit Paramacitta Foundation. Participants were selected through purposive sampling based on predefined inclusion and exclusion criteria. The inclusion criteria included individuals living with HIV (PLWH) who were aware of their HIV status, had experienced stigma or were in the process of overcoming it, and voluntarily agreed to participate by reading and signing the informed consent form. The exclusion criteria consisted of individuals who were hospitalized or too ill to participate in interviews and those unable to communicate effectively.

Data Collection

The principal researcher was a nursing graduate student supervised by experienced academic advisors with expertise in HIV research, qualitative research, and mental health. The supervisors made

substantial contributions by ensuring that the study was conducted rigorously and remained aligned with the research objectives and methodological framework. None of the researchers had any prior relationship with the participants. Furthermore, the study was conducted in accordance with established ethical standards and accepted procedures for qualitative research. The researcher collaborated with the chief of the NGO to identify potential participants who met the study criteria and adopted a trust-building approach to foster rapport. Face-to-face interviews were conducted at locations chosen by the participants, ensuring confidentiality and emphasizing participants' autonomy. The sampling strategy started by identifying the participants' criteria, then explained the information about the research to participants, and then signed informed consent. Data were collected using semi-structured interviews designed to explore participants' experiences in depth. The interview process followed a guide developed by the researcher and validated by three experts in HIV-AIDS and qualitative research. Audio recording devices, analytic memos, and field notes were utilized during data collection. Key guiding questions included: "*How did you experience HIV stigma?*" and "*How did you build resilience?*" Probing questions were used to explore responses further. Each interview lasted approximately 30–60 minutes. The researcher continued the data collection until no new information or themes emerged from the interviews (reached data), and participant recruitment was subsequently discontinued (data saturation).

Data Analysis

Data were analyzed using the thematic analysis framework proposed by Braun and Clarke (2006), which includes the following steps: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Following the completion of the verbatim transcription and data analysis, data triangulation and trustworthiness procedures were conducted through member checking with the participants and consultation with the head of the foundation. Subsequently, the researchers developed a conceptual figure to illustrate the relationships among the identified themes and categories.

Ethic Consideration

This research considered confidentiality, autonomy, non-maleficence, and justice. We retained the data for 5 years, then deleted it to maintain privacy and confidentiality. Informed consent as implemented of autonomy. All participants were treated with equal respect and fairness. During the interviews, the researchers took care to ensure that participants did not experience prolonged emotional distress while recounting their lived experiences. This study was granted ethical approval from the Ethical Commission of the Faculty of Medicine, Udayana University, with approval letter number 0939/UN14.2.2.VII.14/LT/2024. This research also received permission from the Spirit Paramacitta Foundation, with approval letter number 91/YSP/V/2024, to conduct this study.

RESULTS

The participants in this study consisted of ten individuals living with HIV, aged between 31 and 55 years. The majority of participants were female (seven women and three men). The characteristics of the participants are presented in the following Table 1:

Table 1. Characteristics Participants

Data Type	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Age (years)	41	55	51	36	39	35	38	34	31	39
Gender	M	F	M	M	F	F	F	F	F	F
Highest Education	Dip	SHS	BD	SHS	JHS	VHS	JHS	JHS	JHS	MD
Occupation	PS	PS	PS	PS	HW	PS	HW	PS	PS	PS

Note. M=Male; F=Female; Dip=Diploma; JHS=Junior High School; SHS=Senior High School; VHS=Vocational High School; BD=Bachelor's Degree; MD=Master's Degree; PS=Private Sector; HW=Housewife

The characteristics of the participant data and the interview process are described below:

1. Participant 1 (P1)
   P1 is a male, 41 years old, diagnosed in 2020. His last education is a diploma, and currently, the participant works at the foundation as a peer mentor. Participants said they had been stigmatized by health workers and also stigmatized by themselves. The in-depth interview with P1 was conducted at a coffee shop on April 9, 2024 at 3.00 pm.
2. Participant 2 (P2)
   P2 is a woman, 55 years old, diagnosed in 2009, has a senior high school education, and currently works at a foundation as a peer mentor. The participant said that she had received stigma from outside and also received stigma from herself. The in-depth interview with P2 was conducted at a coffee shop on April 10, 2024 at 2.00 pm.
3. Participant 3 (P3)
   P3 is a male, 41 years old, diagnosed in 2016, last education Bachelor Degree of Architecture, and currently working with a designer. The in-depth interview with P3 was conducted at a coffee shop on April 10, 2024 at 3.30 pm.
4. Participant 4 (P4)
   P4 is a male, 41 years old, diagnosed in 2020, the last education is S1 Hindu Philosophy, currently working at the Public Health Center (Puskesmas) and also as a peer mentor. The participant said he had stigmatized himself. In-depth interview with P4 was conducted at coffee shop on April 10, 2024 at 5.00 pm.
5. Participant 5 (P5)
   P5 is a female, 39 years old, the last education is junior high school, and currently a housewife as well as a pick-up driver for children at school. Participants were diagnosed in 2018, participants said they had almost ended their lives. In-depth interviews were conducted at the participant's boarding house on April 15, 2024 at 1.00 pm.
6. Participant 6 (P6)
   P6 is a female, 35 years old, diagnosed since 2011, last education is vocational high school, and currently working as a peer mentor. The participant said that she once almost ended her life. The in-depth interview was conducted at the participant's boarding house on April 15, 2024 at 1.40 pm.
7. Participant 7 (P7)
   P7 is a female, 38 years old, diagnosed in 2021, last education is junior high school, currently the participant does not work and is only a housewife. The participant said she had almost ended her life. In-depth interviews were conducted at the playground of hospital area on April 16, 2024 at 9.00 am.
8. Participant 8 (P8)
   P8 is a female, 34 years old, diagnosed in 2018, has a senior high school education, and currently works in the private sector. The participant said she once had the desire to end her life. The in-depth interview was conducted at a coffee shop on April 16, 2024 at 3.00 pm.
9. Participant 9 (P9)
   P9 is a female, 31 years old, diagnosed in 2011, last education is junior high school, and currently works in a factory. The participant said she once had the desire to end her life by jumping into a fire. The in-depth interview was conducted at a restaurant on April 16, 2024 at 5.00 pm.
10. Participant 10 (P10)
    P10 is a 39 years old woman, diagnosed in 2012, has a master's degree, and is currently the principal of an elementary school. The participant said that she once had the desire to end her life and was discriminated against. The in-depth interview was conducted at a restaurant on April 16, 2024 at 5.50 pm.

This study found two important themes: the phenomenon of HIV stigma as an adaptive response

that forms resilience in PLWH and the resilience strategies of PLWH in facing stigma. The details of each theme are explained as follows and in Figure 1:

Theme 1: The Phenomenon of HIV-Related Stigma as an Adaptive Response Shaping Resilience in People Living with HIV.

The first theme consists of two categories: adaptive responses to internal HIV stigma and adaptive responses to external HIV stigma. The descriptions of each category are illustrated through participants' statements below:

a. Adaptive Responses to Internal HIV Stigma

This category includes five related codes, namely: feelings of sadness, suicidal ideation, social withdrawal, avoidance of stigma-triggering situations, and negative self-perceptions. These codes are reflected in the following participant statements:

1. Feelings of Sadness

   "...at that time I was devastated, I felt that I was devastated, I felt that I was not ready for my new status, I was very, very unprepared... it really disturbed my mind until I felt like my head was going to burst, because I thought too much about it, I imagined fears that would not happen yet. It means that during that phase I was really like a person who lost myself..." (P1)

   "...Actually I don't accept it, how do you accept someone like that... not accepting it, crying, anyway I was like a crazy person in the boarding house and I was not honest with my previous husband..." (P5)

   "*...crying every day at home...I can just cry, I can't answer, I can't talk because I'm afraid. Maybe they are afraid, yes, if they want to accept my condition, I'm afraid they won't accept it...*" (P7)

   "...crying. crying. What's the feeling? It's just empty. How have you ever been empty, the road is empty. I really tried, I didn't remember that. Go in the morning, go home at night, go in the morning and go home at night. I want to sleep when I get home. But I can't..." (P9)

2. Suicidal Ideation

   "..at that time I still thought about how I would die, but my parents in Java did not know about my illness..." (P1)

   "...once...wanted to kill myself... wanted to. Already, I was on the road with an empty mind. Empty mind, I wanted to crash myself into the sidewalk that time. That first time, I would rather die, than I have to live like this..." (P5)

   "..once... I wanted to stop taking medicine, I wanted to end my life too..." (P6)

   "...I think when I'm alone at home, sometimes I just want to die, I want to kill myself." (P7) *"Once, when I was at the airport in Jakarta the first time I heard about it, yes, indeed I was initially desperate, I wanted to commit suicide..."* (P8)

   "I want to jump in there. I just want to die. What are we living for? Given a disease like that. But at that moment I just cried. I didn't hug the child. If not, maybe I would have run away. I jumped in with him." (P9)

   "...I wanted to end myself by drinking dish soap..." (P10)

3. Social Withdrawal

   ".. I didn't accept myself. I didn't accept it. I discouraged myself. I stayed in my room and didn't want to go out..." (P2)

   "...If self-stigma, yes there is, there must be. I shut myself away..." (P4)

   "...I was closed, withdrawn, but not lately, at first..." (P8)

4. Avoidance Of Stigma-Triggering Situations

   "...I never wanted to go home again, I wanted to go out too, to be away from here..." (P6)

5. Negative Self-Perceptions

   "It's like I judged myself, I'll never be able to have a partner, I'll never be able to have children, and I'll always be imagined with fear" (P1)

   "So again, at that time I just thought I was going to die.." (P1)

   "....it's just my own stigma that I feel like a failure as a housewife" (P7)

b. Adaptive Responses to External HIV Stigma

This category includes four related codes: stigma experienced by PLWH from healthcare providers, labeling, discrimination, and social exclusion. These codes are reflected in the following participant statements:

1. Stigma Experienced by PLWH from Healthcare Providers
   " In the early days when I first learned about my status, I actually already felt the stigma. As an MSM (men who have sex with men), how do I put it… when I accessed healthcare services—even though not all health workers are like that—I could sense the stigma they projected, whether through their looks or the way they treated me. It felt unpleasant..." (P1)
   "And also at the hospital… I mean, back then, some of the staff or health workers didn't really understand about this disease. So, the way they looked at us… it was like, 'Oh, you're HIV positive….u know that!" (P10)
2. Labeling
   "…I was considered promiscuous, considered to be a bad person…" (P1)
   "…They said, 'You've sold yourself. You got HIV.' Those words… it wasn't just once, I heard it three times…" (P2)
   "…The strongest stigma I felt was during a ceremony at a relative's house. Normally, I would help out in the kitchen. But then someone said, 'Don't let them in the kitchen—they're sick.'" (P6)
3. Discrimination
   "…What hurt the most was that it was my own husband who told others about my illness. Not just my husband, but also the clients. They must have known my status. They also told others, and once one person knows, two more will, and then four… That's how many people found out and began avoiding me." (P6)
   "…Then someone brought me food, and even that—my own mother and relatives—threw it at me. They threw the rice, the plate… and my in-laws and nieces did the same. It was like they were feeding a diseased dog." (P10)
4. Social Exclusion
   "…After the positive result, my husband found out… instead of supporting me, he left. He's been gone ever since—our child is now 12. He never once saw our child. From the beginning, he just couldn't accept it. He couldn't accept having a partner with that status." (P6)
   "…I experienced stigma and discrimination. I became frustrated… I was pushed away by my own child, and ostracized by my husband's family." (P8)
   "…My whole family shunned me—both from my husband's side and my own." (P10)

Theme 2: Resilience Strategies of People Living with HIV in Facing Stigma.

This second theme consists of two categories: resilience of PLWH from within the individual and resilience of PLWH from external sources. The explanation of each category is illustrated by the participants' statements below:

a. Resilience of PLWH from Within the Individual

This category includes three related codes: self-motivation, openness, and self-acceptance. These codes are expressed through the following statements:

1. Self-Motivation
   "The first thing is self-motivation. Because I believe that no matter how much support comes from outside, no matter how many people support us, if we've already built a high wall, it won't reach us…" (P1)
   "It's very important to support ourselves. Yes, to support ourselves. That's the most important. Because if others support us, but we… we don't accept ourselves… we won't be able to rise... that's it. It's over. If there's no desire from within, then even support from others means nothing… You must support yourself. You have to rise!" (P3)
   "My principle is that I want to make myself happy. That's it. My motivation is to make myself happy. To accept my condition for myself. Everything is just for me…" (P5)
   "Be strong. Rise. Show them. This is me, a person living with HIV…" (P2)

"Basically, it goes back to yourself. Do you want to or not? (Yes) Whether you can or can't starts with whether you want to or not. If you want to change, to eliminate the stigma, it will disappear by itself. Actually, we are at war with our own minds…" (P9)

"...I motivate myself…" (P10)

2. Openness

"...it's best to talk about it. Open up, accept your status. Accepting your status is very important. Once someone accepts it, they will eventually talk more. It starts with accepting yourself, then talking, and then shifting the mindset…" (P4)

"If you're too ashamed to be open in public, just be open with your family. Or with your closest relatives. There's no need to shout it to the world. Because we never know how society stigmatizes. What matters is your family. And your friends. And yourself. You have to accept your condition…" (P5)

"...don't be afraid, because there are still many friends like us. You will definitely get support if you're willing to open up. If you just isolate yourself, if you're not even brave enough to share with your partner, or your friends, or with those in a community… try joining a community first to hear other people's stories, because their stories can motivate you…" (P6)

"...don't overthink it… it's better to be open with your partner. If you're not ready to be open with your family, start with your partner. If you're not married, then with your parents. Like it or not, it's not a disgusting disease. You have to know how to treat it, how to handle it. You have to accept it sincerely…" (P7)

"...it's like when we build a high wall within ourselves. People can't get through. We have to open up, but be selective about who we open up to…" (P3)

3. Self-Acceptance

"...we must first be able to accept ourselves. We have to make peace with our condition. Because no matter how much support others give, no matter how much advice we hear, if we keep building a high wall, none of it will reach us. So whatever we're afraid of, as long as it hasn't happened yet, don't overthink it. Fear itself is actually an obstacle to becoming better. If we can, we need to remove that obstacle…" (P1)

b. External Resilience of People Living with HIV

This category includes three related codes: social networks, family support, and social support. These codes are expressed through the following statements:

1. Social Networks

"I tried to find my community with the hope that I could get support, a place to share, and receive encouragement that could strengthen me — and I truly needed that. Alhamdulillah, I met amazing people. I met individuals who shared a lot of knowledge with me, until I reached the point where I am today…" (P1)

"From those KDS groups. That's why we need to join KDS. Because KDS is a peer support group. So, friends who are also PLWH are all there. They share stories, provide support and encouragement. Don't let yourself feel down. It was through that group I realized — why was I like that, why did I isolate myself, why did I harm myself. They're just living their lives calmly. I should be like them. I should be spirited. That's when I found my courage…" (P2)

"...don't be afraid, because there are still many friends who are just like us. You'll definitely get support if you're willing to open up. If you just isolate yourself, if you don't dare to confide in your partner, or even tell a friend — especially those in a community, for example — join a community first, learn from other people's stories, because their stories can really motivate us…" (P6)

2. Family Support

"...my husband is by my side... my husband is number one, along with my family who supports me even from afar. They give me the spirit to live, to never give up, strongly refuse to surrender. They tell me to always look forward, never look back..." (P5)

"...what motivates me to keep going until now is my husband. My husband supports and accepts me for who I am..." (P7)

"...my stepchildren strengthen me. My biological children strengthen me, and that's when I started to realize why I've been like this... maybe if I didn't have my children, I probably wouldn't still be here..." (P10)

3. Social Support

"...in terms of support from people around me, peer supporters have really helped in giving us encouragement, people like us... If possible, I'd love it if we could have monthly gatherings. I'm willing to join. That's what keeps me like this. Also, I often vent in the Indonesian Power international group. I often join it. Even though it's just through my phone, sometimes on Zoom, I still join. Why? Because it helps me develop... helps me realize that there are others like me..." (P5)

"...from the puskesmas (community health center) staff in East Denpasar — there's Bli Rai, Bli Wira, and dr. Yanto. They embraced me. They said, 'Yes, it has happened. But now let's move on.' Like, 'You have a path ahead of you. You have a child to support. A child to feed. That's your motivation.' From that point, I began to rise..." (P9)

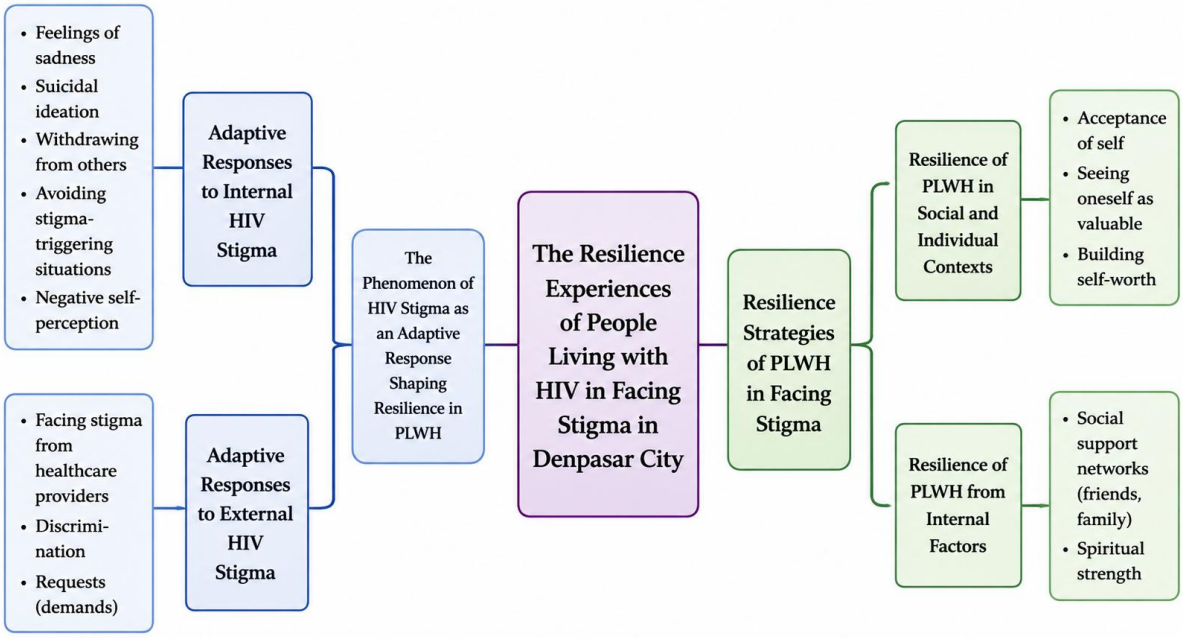

Figure 1. Schematic of The Theme

DISCUSSION

Theme 1: The phenomenon of HIV stigma as an adaptive response to form resilience in PLWH

The high number of HIV/AIDS cases in Indonesia has contributed to the development of negative stigma toward PLWH. Stigma is negatively correlated with the quality of life of PLWH; the higher the stigma experienced, the lower their quality of life (Winangun et al., 2020). This stigma is generally categorized into two types: internal and external. Internalized stigma contributes to psychological distress, which can significantly hinder PLWH in carrying out daily activities (Gennaro et al., 2024)

The first theme identified in this study comprises two categories: adaptive responses to internal and external stigma. Within the internal stigma category, five codes were identified: feelings of sadness, suicidal ideation, self-isolation, avoidance of stigma triggers, and negative self-perception. Sadness was commonly expressed by participants who felt empty, afraid of social rejection, and overwhelmed by loneliness, which in turn led to isolation and, in some cases, thoughts of ending their lives. One participant reported feeling as though they had lost themselves due to fear and despair. This is

consistent with (Wilandika, 2019), who found that PLWH often experience hopelessness and self-withdrawal.

Suicidal ideation emerged in response to feelings of helplessness after diagnosis. Participants described experiencing stress and depression, similar to findings by Armoon et al. (2022), who noted that stigma often results in shame, anxiety, and suicidal thoughts among PLWH. Nurses play a key role in addressing this by offering emotional support, education, and medical care. Self-isolation was another common response, often driven by fear of disclosing one's status to family members. This aligns with (Kong et al., 2022), who reported that weak coping mechanisms often lead PLWH to withdraw from their environment, worsening their mental health. Participants also expressed negative self-perceptions, believing they would never marry or live fulfilling lives. These prejudices were consistent with findings by (Wei et al., 2023), who noted that PLWH often suffer from intense psychological stress and self-stigmatization. Nurses can help counter this by teaching adaptive coping strategies such as mindfulness and cognitive behavioral therapy.

The second category involves responses to external stigma, including stigmatization by healthcare workers, labeling, discrimination, and social exclusion. Two participants reported being stigmatized by health professionals who treated them differently and judged them as deserving of their illness. Fauk et al. (2021) emphasized that lack of understanding among healthcare workers contributes to such behavior, highlighting the need for better training. Labeling by family and the surrounding community was also reported, rooted in misconceptions about HIV. Maharani (2018) stated that labeling often arises when individuals are perceived as deviant, leading to discrimination. Some families responded with rejection instead of support, worsening the psychosocial burden of PLWH. Finally, social exclusion remains a major issue. As (Fletcher et al., 2020b) noted, PLWH are often excluded from social circles due to fear of infection. However, for some, this trauma has also become a source of resilience, motivating them to improve their quality of life despite stigma.

Theme 2: Resilience strategies of PLWH in the face of stigma

PLWH often face stigma, which can significantly impact their mental health and quality of life. One of the crucial factors that supports their ability to cope and survive is resilience (Oktapia S & Huwae, 2023). Resilience refers to an individual's ability to overcome adversity, pressure, or trauma and continue functioning effectively. According to the theory proposed by Reivich and Shatté (2002), resilience helps PLWH manage challenges and changes, regulate themselves, and overcome past traumas. In this study, participants experienced significant pressure and trauma that required them to adapt and persevere. The sources of resilience among PLWH stem from various factors and resources that influence their ability to navigate difficult circumstances. These sources, as demonstrated by the participants, consist of both internal and external factors. The second theme of this study includes two categories: internal resilience and external resilience among PLWH.

The first category internal resilience is composed of the following elements: self-motivation, openness, and self-acceptance. Self-motivation is a critical component in the resilience process of PLWH. It represents the internal drive to achieve goals and complete tasks without external incentives. Participants in this study demonstrated self-motivation through a positive mindset—such as having the desire to be happy, to show others that individuals living with HIV can still contribute to society, and to prove that they can live healthy, fulfilling lives. This self-motivation serves as a foundation for accepting one's condition and being open to others. It also helps enhance self-confidence and self-esteem, motivating PLWH to set meaningful goals and face challenges more effectively (Gustyawan et al., 2022). PLWH with strong self-motivation tend to adjust better to their condition and manage internal conflicts (Laure et al., 2022). The participants' statements reveal that internal sources of resilience—such as self-efficacy and optimism—are effective coping strategies in overcoming adversity.

Opening up is another important yet difficult aspect for PLWH. It requires courage and internal motivation. Those who can open up and think positively are better able to develop themselves by engaging in activities or foundations alongside others who share similar experiences (Savitri & Purwaningtyastuti, 2019). Participants in this study reported that sharing their experiences with others

helped them find motivation and personal growth. Openness also supports emotional regulation and impulse control, key aspects in maintaining resilience and mental well-being. Self-acceptance or "making peace with oneself" involves acknowledging and embracing one's strengths and limitations while maintaining a positive outlook on life. Two participants in this study emphasized the importance of self-acceptance in their healing process, which they pursued through positive thinking and engaging in meaningful activities. One participant noted that building metaphorical walls can hinder others from reaching out, and that fear becomes a stumbling block in recovery. Lestari et al. (2022) also noted that successful lifestyle changes often depend on one's self-efficacy.

The second category external resilience includes social networks, social support, and family support. Social networks and support groups are essential in providing emotional, practical, and informational support that improves health management and quality of life for PLWH. Participants in this study shared that being part of a community helped them feel stronger, offered an outlet for expression, and provided encouragement. This aligns with (Marziali et al., 2021), who found that support groups provide emotional support and reduce the sense of isolation often felt by PLWH. Irnawati (2023) also emphasized that support groups can reduce the stigma faced by PLWH by fostering acceptance and encouraging the development of strategies to combat discrimination. Participants in this study expressed that sharing stories with others in similar situations provided self-motivation and strengthened their resilience. Social support from foundations, community health centers, and healthcare providers also played a vital role. Peer mentors provided by these institutions were instrumental in offering emotional support and safe spaces for expression. Participants highlighted the value of continuous support from these sources, which contributed to a healthier, more meaningful, and more productive life.

Family support was also significant. Participants stated that encouragement from family members—particularly spouses and children—greatly motivated them to persevere. Family acceptance is essential, as it reinforces the individual's sense of worth and belonging. (Silubun & Abdillah, 2022) similarly found that supportive families can counter stigma by demonstrating love and acceptance regardless of HIV status. Family support can alleviate psychological distress, providing a sense of security and reducing anxiety (Hadiyah, 2020). In conclusion, resilience plays a vital role in helping PLWH cope with stigma and maintain their quality of life. Individuals with high resilience are better equipped to adapt and thrive despite the challenges of living with HIV (Fletcher et al., 2020). This study's findings align with McCubbin's theory, which classifies resilience into internal and external protective factors. Participants in this study demonstrated resilience by drawing upon internal strengths such as self-efficacy, optimism, emotional regulation, and coping skills, as well as external supports like family, social networks, and community support. As a result, they were able to adapt and grow—evidenced by four out of ten participants now serving as peer mentors at foundations to support others with HIV.

This study has several limitations. The principal researcher had limited experience in conducting qualitative research. Consequently, the interview process and interviewing techniques were closely supervised and continuously refined under the mentorship of experienced supervisors. In addition, although the interview guide underwent expert review, no expert panel discussion was conducted to achieve consensus on its content. Therefore, a formal consensus regarding the final version of the interview guide was not established.

CONCLUSIONS

PLWH with strong resilience are more likely to survive and adapt to the stigma associated with HIV. Resilience reflects positive adaptation and an individual's ability to overcome adversity, stress, or trauma while continuing to function effectively. Self-acceptance and a positive mindset are the initial steps toward making peace with oneself. Self-acceptance involves recognizing and embracing both one's strengths and weaknesses. Developing strong self-motivation is essential in combating stigma. Positive thinking, openness, and sharing experiences with others who face similar challenges can motivate PLWH to rise and develop themselves more fully.

Family support and peer support play a crucial role in encouraging PLWH to persevere. The presence of supportive families and peer groups serves as an effective strategy for managing the experience of HIV-related stigma through shared experiences and emotional connection. Sharing stories with fellow PLWH can foster self-motivation. Participation in support groups can further strengthen resilience, enabling individuals to better cope with the stress and challenges of living with HIV. This resilience is vital for maintaining the mental and physical well-being of PLWH. Nurses and healthcare professionals can use the findings of this study as a reference in providing assistance, counseling, and education to help PLWH build resilience against HIV stigma.

ACKNOWLEDGEMENT

The authors express their sincere gratitude to the participants who courageously shared their personal experiences and stories of resilience and HIV-related stigma for this study. We also thank the NGO Spirit Paramacitta Foundation for their invaluable assistance in participant recruitment and logistical support.

AUTHOR CONTRIBUTION

Conceptualization: IADS, NAJR, PAESK, Methodology: IADS, NAJR, Pilot interview: IADS, Investigation: IADS, NAJR, Writing for original draft preparation: IADS, Writing for review and editing: NAJR, PAESK, Supervision: NAJR. All authors have read and agreed to the published version of the manuscript.

DATA AVAILABILITY STATEMENT

This study generated and analyzed during the current study are not publicly available to protect privacy. Confidentiality of the participants was protected. This study given the sensitive nature of people living with HIV, which is associated with resilience and stigma.

ETHIC STATEMENT

This study was approved by the Ethical Commission of the Faculty of Medicine, Udayana University, with approval letter number 0939/UN14.2.2.VII.14/LT/2024. This research also received the permission letter from the Spirit Paramacitta Foundation to conduct this study with approval letter number 91/YSP/V/2024.

CONFLICT OF INTEREST

The authors declare that no known competing financial interests or personal relationship that could have appeared to influence the work reported in this paper.

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