Experience of Coping Mechanisms in Dealing with Stressful Conditions in People Living with HIV/AIDS in The Bojonegoro Community Health Center Area

Ardha Wahyuning Tyas[1*], Ahmad Zainal Abidin[2], Teguh Subagyo[3]

[1*]Undergraduate Student in Nursing Science, Institute for Science and Technology ICsada, Bojonegoro
[2]Department of Undergraduate Nursing Science, Institute for Science and Technology ICsada, Bojonegoro
[3]Department of Undergraduate Nursing Science, Institute for Science and Technology ICsada, Bojonegoro
*Correspondence Author, Email: ardha.wahyu201003@gmail.com

ABSTRACT

The number of *people with Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome* is increasing every year. Some examples of causes are having sex with people with *HIV/AIDS*, the use of non-sterile syringes, and an HIV/AIDS-positive mother who is pregnant. This can threaten life on a bio-psycho-social and spiritual level. The purpose of this study is to explore the experience of coping mechanisms in dealing with stress conditions in people diagnosed *with HIV/AIDS.*

This study uses a qualitative design with a phenomenological approach. The sampling technique used is purposive sampling with data- al analysis using the Creswell method. Four people participated in this study. The results of this study reveal five themes.

The conclusion of this study is that patients have coping mechanisms such as finding solutions to the problems they experience, namely *Problem Focus Coping* and *Emoticons Focus Coping*. Where *Problem Focus Coping* is the patient tries directly to deal with the problems experienced, namely by doing Antiretroviral treatment, while the *Emoticon Focus Coping* is that the patient can make adjustments to emotional distress not excessively, namely by looking for peers and always being enthusiastic.

Keywords: HIV/AIDS, Coping Mechanisms

INTRODUCTION

Human Immunodeficiency Virus (HIV) is currently a significant health issue, because *HIV* will essentially develop into the advanced stage of *Acquired Immune Deficiency Syndrome* (AIDS) (Alamsyah et al., 2020). *People with HIV/AIDS* (PWA) require special attention in the form of treatment aimed at minimizing the progression to advanced stages, and education must be provided from adolescence so that the number of PWAs does not increase. *PWAs* are not only perpetrators but also victims. *HIV/AIDS* is one of many infectious diseases that threaten life, both from a biopsychosocial and spiritual perspective. The most common condition after *PLWHA* are diagnosed with *HIV/AIDS* is psychological distress and anxiety, which also has an impact on health that must be addressed immediately (Sulistyarini & Pratiwi, 2023).

The anxiety experienced can become fatal and cause stress if *PLWHA* do not have good coping mechanisms to deal with their condition. Being diagnosed with *HIV/AIDS* inevitably causes *PLWHA* to worry about how their family and community will react when they find out that they have *HIV/AIDS.* Many people stigmatize *PLWHA,* causing *them* to experience psychological distress. The life that *PLWHA* experience will have many problems and will often cause prolonged stress, so *PLWHA* are always guided to be able to face problems that are quite complex and will even have an impact on their quality of life (Fambanyo et al., 2023).

Globally, many countries have populations affected *by HIV/AIDS*. According to the WHO, there are an estimated 39.9 million cases *of HIV/AIDS* by the end of 2023. Indonesia is one of the countries with an increasing number of *HIV/AIDS* cases every year. According to data from the Indonesian Health Profile, *HIV/AIDS* cases increased from 2022, with the largest category being *HIV* with 52,955 cases and *AIDS* with 9,341 cases. In 2023, there was an increase of 57,299 *HIV* cases and 16,410 *AIDS* cases. Nationally, East Java also contributes to the number of *HIV/AIDS* patients. According to the East Java Provincial Health Profile, there was an increase in *HIV/AIDS* cases in 2023 to 10,671 cases, with 64.4% (6,870 cases) being men and 35.6% (3,801 cases) being women. The health aspects of various small cities in East Java must also be taken seriously, one of which is the city of Bojonegoro. Bojonegoro is an oil city, so it is not surprising that local activities are of particular concern to various groups. Based on data from the 2023 Bojonegoro Regency health profile, there were 221 cases among men and 163 cases among women. Meanwhile, according to the 2023 morbidity data for Bojonegoro Regency, the highest number of cases at the Community Health Center (Puskesmas) was found at the Bojonegoro Puskesmas, with 45 cases. In this case, the *HIV/AIDS* rate in Bojonegoro Regency increased in 2023, and special attention is needed for sufferers because it will have a huge impact if there is no special attention from the government.

The increase in the number *of PLWHA* is related to several risk factors. *HIV/AIDS* is a disease that requires special attention from each patient. Not only in maintaining a healthy lifestyle, but if someone has contracted *HIV/AIDS*, a healthy lifestyle must also be taken seriously, and special attention is needed to deal with the stress caused by the disease.

Coping mechanisms are ways that individuals use to solve problems. They can be used to adjust to changes and respond to threatening situations (Hidayat & Wardani, 2014). Positive coping mechanisms are essential for individuals to function in life when they are able to maintain their physical, mental, and intellectual condition in undesirable circumstances through self-control. One of the coping mechanisms needed is the support of family and peers, which influences the emotional support *of PLWHA. HIV/AIDS* and distress influence each other both directly and indirectly. People living with *HIV/AIDS* will feel depressed and discouraged.

The researcher wanted to explore how *PLWHA* cope with stressful conditions. The researcher also wanted to explore the stressful experiences felt *by PLWHA* when diagnosed *with HIV/AIDS.* The results of this study are expected to provide additional information, insights, and reference sources for nursing education institutions and the wider community regarding the experience of coping mechanisms in dealing with stressful conditions in *PLWHA.*

MATERIALS AND METHOD

This research design uses a qualitative method, namely a phenomenological study approach. The sampling technique used by the researcher is *purposive sampling*. The researcher used *purposive sampling* to obtain participants who had accurate experiences and a wealth of information in accordance with the phenomenon to be studied, namely the experience of coping mechanisms in dealing with stressful conditions in *PLWHA*. The criteria for participants in this study are as follows:

a. People with HIV/AIDS who are cooperative and able to recount their experiences.
b. People with *HIV/AIDS* who did not experience infectious complications.

c. People with *HIV/AIDS* who are undergoing treatment at the Bojonegoro Community Health Center.
d. Willing to participate in the study, as evidenced by signing the research consent form.

There were four participants in this study with a background of *HIV/AIDS*. The study was conducted at the Bojonegoro Community Health Center from October 2024 to January 2025. In the first week, the researcher got acquainted with the prospective participants and established a BHSP. *In-depth interviews* were conducted after the participants had signed the informed consent form. Then, the researcher conducted in-depth interviews separately with each participant at a time agreed upon between the researcher and the participant.

According to Lofland (1984) in Maleong (2018), the main sources of data in qualitative research are words and actions, with documents and other sources serving as supplementary sources. The data collection technique used in collecting data on *PLWHA* was *in-depth interviews* with *open-ended questions*. This technique is a process of obtaining information for research purposes through question and answer sessions while maintaining eye contact between the researcher and the informant. The interviews were conducted by the researcher using a pre-prepared interview guide. The researcher began the data collection process with open-ended and general questions about the participants' news and daily activities, so that the participants felt cared for and familiar with the researcher. The collection procedure carried out by the researcher was as follows:

a. Initial stage

The preparation stage of the plan began with submitting a letter of introduction requesting research permission from the Insan Cendekia Husada Bojonegoro Institute of Science, Technology, and Health to the Head of the Bojonegoro District Health Office and the Head of the Bojonegoro Community Health Center. After receiving a letter of approval from the Head of the Bojonegoro District Health Office and the Bojonegoro Community Health Center, the researcher will immediately go to the Bojonegoro Community Health Center to obtain permission to conduct the research. The researcher will also coordinate with the *PLWHA* program manager to determine and identify how the researcher will obtain informants who meet the inclusion criteria.

From this identification process, the researcher found potential informants. At the first meeting, the researcher established rapport and built a relationship of mutual trust with the informants. The researcher then explained the purpose and objectives of the research and provided information to the informants on how the researcher would obtain data from them. After explaining the purpose and objectives, the researcher provided the potential informants with an *informed consent* form. After obtaining consent from the informants, the researchers and informants agreed on a time to conduct *in-depth interviews*, which would take place at a time mutually agreed upon.

b. Work stage

Data collection began with the pre-, during which the researcher prepared for the interview process by preparing the core instruments and supporting instruments. These instruments were used to practice and develop in-depth interview skills. Supporting instruments include notebooks, voice recorders, cameras, interview guidelines, and other supporting tools needed in the research process. After preparing the instruments, the researcher conducts in-depth interviews at a predetermined time.

The next stage is the orientation stage, where the researcher arrives at the agreed time and place. The researcher begins the interview with small talk, such as asking about the informant's recent news and activities. These light questions are used to create a comfortable atmosphere. The researcher also prepares a recording device, such as a cell phone, and writing materials.

Next is the work stage, where the researcher actually conducts the research and interviews the informant. In this interview, the researcher gives the informant the freedom to answer questions as long as they do not deviate from the predetermined outline. In this stage, the researcher has prepared a series of core questions to describe the coping mechanisms of people with HIV/AIDS. The researcher then develops these core questions based on the informant's answers, allowing the researcher to explore the informant's experiences more deeply and comprehensively. There were several interview techniques used by the researcher. *Focusing* was used when the informants' answers were too broad or expansive. When the in-depth interview suddenly stopped due to a deadlock, the researcher immediately used the *probing question* technique, which involved using several prepared questions.

The final stage is termination, which is carried out when the researcher has obtained the required data completely and in accordance with the research objectives. The researcher closes the interview by thanking the informant and making a time contract to validate the data further.

c. Final Stage

At this stage, the researcher contacts the informant again to clarify and validate the data that has been obtained. Validation is carried out by contacting all participants again to show them the transcript of the interview that the researcher has written based on what the participants said during the interview. The interview transcripts are sent as files via WhatsApp. This is done so that the researcher can be sure that the transcripts are in accordance with the experiences of the informants. In conducting this clarification and validation, the researcher communicates directly by visiting the participants at the health center or a mutually agreed location.

The researcher was unable to perform the triangulation technique as specified in the proposal because the researcher was unable to communicate with the participants' close friends or family members since no family members or friends were present during the interviews.

To establish the validity of the data, an examination technique was required. The examination technique was carried out based on certain criteria (Moleong, 2017). According to Afiyanti & Rachmawati (2014), there are four principles for achieving research credibility, namely:

a. Credibility

Data credibility or the accuracy and precision of data produced from qualitative studies explains the degree or value of the truth of the data produced, including the data analysis process from the research conducted. A study is said to have high or good credibility when the findings of the study can be well recognized by informants in their social context.

Some ways that researchers can obtain high credibility for their findings, include: spending more time with participants, living with participants while collecting data if necessary, involving themselves in daily activities, and always confirming and classifying various things that have been told by participants. Credibility can also be obtained through practices such as creating *thick descriptions* of research results or conducting triangulation and *member checks.*

b. *Transferability*

The extent to which qualitative research results can be applied and transferred to other contexts or groups or informants is a question for assessing the level of transferability. The assessment of the transferability of a study is determined by the reader.

The term transferability can be used in qualitative research to replace the concept of generalization. Researchers involve supervisors in writing and reporting results so that they are easily understood by readers. Researchers must make careful descriptions so as to produce concise concepts that can be used in other research with similar characteristics.

c. Dependability

Dependability questions the consistency and reliability of an instrument that is used more than once. The problem with qualitative studies is that research instruments and researchers themselves, as humans, have characteristics that are not entirely consistent and repeatable, even under the same conditions, and are influenced by the researcher's background, especially in relation to what is interpreted and concluded.

Researchers can obtain consistent research results or data by conducting structured data analysis and correctly interpreting the study results so that readers can draw the same conclusions using the perspective, raw data, and analysis documents of the study being conducted. Researchers, as key instruments, can make mistakes in interpretation, leading to doubts about the research results. In order for this research to be naturally accountable, researchers involve someone who is competent in their field, namely by always involving a supervisor in the research, data analysis, and writing of research results to maintain the dependability of the research results.

d. *Confirmability*

Confirmability replaces the aspect of objectivity in qualitative research, but the two terms do not have exactly the same meaning. Confirmability refers to the researcher's willingness to openly disclose the research process and elements.

RESULTS

Participant Characteristics

The participants involved in this study were *PLWHA* undergoing treatment at the Bojonegoro Community Health Center. There were 5 participants. The characteristics of the participants can be observed in the following table:

Table 1. Characteristics of Research Participants

Participants	Age	Gender	Duration of Illness
Participant 1	25 years	Male	3 years
Participant 2	47 years old	Female	5 years
Participant 3	45 years old	Male	4 years
Participant 4	40 years old	Female	5 years

Theme Analysis

In this theme analysis, the researcher will explain several themes that have been formulated based on the results of the data collection that has been identified. Theme analysis was conducted on all participants, starting from the formulation of meaning, categories, sub-themes, and themes.

During the data collection process, the researcher used interview guidelines to obtain several themes, namely responses to *HIV/AIDS;* experiences of stress; responses to social and family aspects; the importance of ARV treatment; and hopes for oneself and other *PLWHA.*

Theme 1: PLWHA's opinions about the disease they suffer from.

This theme explains the participants' responses to their illness, namely *HIV/AIDS.* This theme consists of two categories and one sub-theme.

Subtheme 1: *PLWHA* responses to the disease they are experiencing

This sub-theme explains the responses *of PLWHA* to the disease they are suffering from. This sub-theme consists of two categories, namely the feelings experienced when diagnosed *with HIV/AIDS* and the initial response upon diagnosis. This sub-theme explains the responses of participants when diagnosed *with HIV/AIDS.*

The first category describes the feelings experienced when diagnosed *with HIV/AIDS.* The feelings experienced by each person are very different, especially given the highly sensitive nature of the diagnosis. In addition, a person diagnosed with *HIV/AIDS* will inevitably feel devastated at first.

The keyword that can be taken is down/depressed. The participants said that they felt depressed when they were first diagnosed. In this case, the participants felt depressed about their illness and experienced this feeling when they were first diagnosed with the disease.

The second category relates to responses to the illness. Participants expressed disbelief regarding the diagnosis. This second category explains responses to the illness at the time of initial diagnosis. In this case, participants found it very unfit to believe that *HIV/AIDS* had attacked their bodies and would be a lifelong illness.

Theme 2: Experiences of Coping Mechanisms Among *PLWHA*

This theme explains the stress experienced by *PLWHA* when they contracted *HIV/AIDS.* This theme consists of 2 categories and 1 sub-theme.

Subtheme 1: **Causes of stress in *PLWHA***

This sub-theme describes the beginning of the stress experienced by *PLWHA*, where stress may be the longest condition that *PLWHA* must go through in order to accept their situation.

The keyword from the participants' explanations is the stress felt at the onset of the disease they are experiencing. Stress is a major factor when a person is affected by a disease, especially *HIV/AIDS,* which will certainly cause the participants to feel even more stress.

The second category is about how to deal with the stress experienced by participants. Stress needs to be managed, otherwise it can have more serious consequences.

This second category explains that peers greatly influence participants in controlling the stress they experience at the onset of *HIV/AIDS*. Having peers makes it easier for participants to accept themselves and control the stress that was in their minds.

Theme 3: Social and family responses

This theme explains how *PLWHA* respond to social aspects, namely from their surroundings and families who provide support . This theme consists of 3 categories and 2 sub-themes.

Subtheme 1: Low self-esteem towards others

This sub-theme discusses low self-esteem towards others and ways to overcome it. Basically, *PLWHA* have also experienced low self-esteem towards others because they have not sought out the characteristics that HIV/AIDS is a disease that carries a negative stigma in the surrounding community. This sub-theme consists of 2 categories. The first category is the emergence of low self-esteem in each individual.

In the above statement, the keyword is "inferiority." In the Big Indonesian Dictionary (KBBI), inferiority is defined as feelings of low self-esteem or lack of confidence. Participants experience low self-esteem around others due to their status as *HIV/AIDS* sufferers because they also know that people's stigma about *HIV/AIDS* is very bad.

The next category is the efforts made to overcome low self-esteem. If someone experiences low self-esteem, that person must also have a way to prevent it from continuing because it will have an impact on their daily life and they will definitely meet people around them. This category explains that participants want to be like ordinary people who live without *HIV/AIDS*. With this mindset, participants feel that they can avoid low self-esteem in their surroundings.

Sub-theme 2: The importance of family support for *PLWHA*

This sub-theme explains that families can also help *PLWHA* in various ways. Being open about one's status with family is something that is not easy for all *PLWHA* to do.

This category explains that some participants are able to be open with other family members. This is because family is one of the sources of support needed in various situations, especially with an *HIV/AIDS* diagnosis.

Theme 4: Treatment Efforts for *PLWHA*

This theme has 1 sub-theme and 1 category. This theme explains that participants always take ARV medication regularly.

Subtheme 1: Awareness of lifelong treatment.

This sub-theme explains that participants always take their medication regularly. In this sub-theme, there is 1 category, namely that participants realize that they must always take their medication and comply with taking their medicine.

The word "regularly" mentioned by the participants above is the way participants take their medication and suppress the virus in their bodies. By taking ARV medication regularly, participants will always appear healthy and will not experience a decline in their immune system. Participants also said that ARV medication must be taken regularly if they want to remain healthy like other normal people who do not have *HIV/AIDS.*

Theme 5: Hopes *of PLWHA*

This theme explains the participants' future hopes for themselves and their peers. This theme consists of 1 sub-theme and 3 categories.

Subtheme 1: Messages for Oneself, Family, and Fellow *PLWHA.*

This sub-theme explains the participants' messages to themselves and fellow people living *with HIV/AIDS*. This sub-theme has 3 categories. The first category is future hopes for themselves in the context of being diagnosed *with HIV/AIDS*.

The keyword found from the above participants is healthy, which in the KBBI (Big Indonesian Dictionary) can be interpreted as a state of the body that is free from disease or physical disorders. In general, healthy includes physical health, mental health, and overall well-being. From this, it can be identified that the participants expressed their hopes for the future and how they must be able to achieve those hopes.

The second category is future hopes for peers or other people living with *HIV/AIDS*. Participants expressed their messages to peers who are also experiencing the same condition and their enthusiasm for the future so that *people living with HIV/AIDS* can remain healthy in the future.

The keyword found in the participants' statements above is "spirit," which according to the KBBI (Big Indonesian Dictionary) means the life force that animates all living things and, according to ancient beliefs, can give strength to others.

DISCUSSION

Theme 1: *PLWHA's* opinions about their illness

The first theme explains the responses *of PLWHA* to their illness. In this study, *PLWHA* realized that when they were first diagnosed *with HIV/AIDS*, they could not accept their condition. None of the participants expected to have this disease for the rest of their lives. At the beginning of their diagnosis, all participants were shocked, did not accept it, and thought that they would die tomorrow ( ). From the beginning of their diagnosis, there were also participants who said that they experienced depression when they were diagnosed with *HIV/AIDS*.

The results of the study conducted by Srinatania & Karlina (2021) are similar to this study in that the feeling of fear arises because PLWHA are perceived as sickly, incurable, and stigmatized by their community, leading to their exclusion or avoidance, and the fear of death that could come at any time. When first diagnosed *with HIV/AIDS, PLWHA* will certainly experience these feelings, but denial of the *HIV/AIDS* diagnosis is a common initial response.

The initial response is the response that individuals have in responding to a problem. With this response, people *living with HIV/AIDS* must also be able to care for themselves. This is similar to previous research conducted by Miru.N.C and Siswanto (2023), which found a relationship between *self-compassion* and perception of illness with the quality of life of people with *HIV/AIDS. Self-compassion* is a kind, warm, and understanding attitude towards oneself when suffering, experiencing failure, or feeling incapable. This can be done so that there is no self-blame for what has happened. Caring for oneself is much better because having self-compassion allows one to have a forward-looking perspective and not become discouraged. While an *HIV/AIDS* diagnosis is indeed difficult to accept, one must remain enthusiastic about undergoing treatment.

HIV/AIDS is a disease that attacks the immune system of the patient. If the patient experiences depression, it will certainly cause many problems, ranging from psychological, social, and even spiritual issues. This can weaken the immune system and cause the patient to experience weakness and lead to the emergence of other diseases. If someone does not believe in their illness, their psychology will be disturbed and their immune system will weaken.

The initial response of *PLWHA* upon receiving the news varies greatly, ranging from those who cannot accept that they have this disease, to those who think they will die tomorrow, to those who cry when they remember that they have *HIV/AIDS*. Accepting an *HIV/AIDS* diagnosis is certainly not easy. However, *PLWHA* are expected to learn to accept themselves with this diagnosis and begin to learn about *HIV/AIDS* and how to stay healthy. Over time, this feeling of non-acceptance disappears through various methods that are carried out in order to continue living a better life in the future.

Theme 2: Coping Mechanisms of *PLWHA*

This theme explains the experiences and ways of dealing with stress felt by *PLWHA*. Participants revealed that when they were first diagnosed, they felt stressed and depressed. Participants also said that they cried constantly when they remembered that they had *HIV/AIDS*. One participant even said that they were stressed about their health and their toddler. Participants also said that they were able to control their stress at certain times, but that the timing varied.

Stress is one of the psychological conditions experienced by *PLWHA*. The results of a study conducted by Fambanyo, et al. (2023) stated that the many problems faced by *PLWHA* often cause stress, so that *PLWHA* are required to be able to deal with quite complex problems in their daily lives, which will have an impact on their quality of life. *PLWHA* face many problems because their status makes *them* experience many problems in their lives, which are very complex, especially in their surroundings.

As time goes by, *PLWHA* must also think about the right way to deal with stress, because *PLWHA* should not experience prolonged stress. Prolonged stress can cause several illnesses or even weakness in *PLWHA.* Participants also said that one way to deal with stress is to find peers who are also living *with HIV/AIDS.* Participants also said that having peers can help them begin to accept themselves. Some participants also felt motivated to get back on their feet when they found out that their peers had been suffering for much longer than they had. This is in line with research conducted by Aini.N.N (2021), which found that having peers can improve the psychological adaptation of PLWHA. The more optimal the support from peers, the more adaptive the psychological adaptation will be. Not only that, seeking information about *HIV/AIDS* is also necessary, because this information can reduce stress and help them bounce back and regain their enthusiasm to continue treatment in the future.

One way that *PLWHA* can do this is by having good coping mechanisms. Adaptive coping strategies are very necessary *for PLWHA* so that they have the ability to reduce the various effects of the disease and overcome the pressures and demands that arise, which will ultimately affect their quality of life, such as finding peers, sharing problems with family, and seeking information about their illness. Based on the various participants, each person has different coping mechanisms to deal with the problems they are facing.

From this, it is hoped that *PLWHA* can solve their problems, especially in dealing with the stress *they* experience. The coping mechanism used is Emoticon Focus Coping, which means that participants can adjust to emotional distress in a moderate way, namely by finding peers and always staying enthusiastic. Everything must come from their own sincere intentions and patience. In addition, patients must also be optimistic, always thinking positively, because bad behavior usually arises when the brain thinks negatively. Thus, *PLWHA* must always be able to take the positive side, because this is very effective for *PLWHA* to accept their condition and become stronger individuals in facing their problems.

Theme 3: Social and Family Responses

This theme explains the social aspects and family support for *PLWHA* in accepting the disease in their bodies. Participants said that they felt inferior to those around them because of the disease they were suffering from. These feelings do not easily disappear, and the negative stigma that *PLWHA* receive from those around them also varies. One participant also said that he received such extreme stigma from the community that no one would even shake his hand, and food from the participant was even thrown away on the street. Not only that, another participant also said that even now, they still feel inferior when reuniting with their friends because they feel that their health status is different from their other friends. One participant also said that they avoided and introspected before people around them said unkind things about them, which is why the participant avoided their surroundings.

Low self-esteem is something that *PLWHA* experience when people around them know their health status. This study is in line with research conducted by Syukaisih, et al (2022) that people around them experience changes in attitude, such as not wanting to communicate with *PLWHA,* avoiding and ostracizing *PLWHA*, not wanting to visit *PLWHA's* homes, and feeling uncomfortable around *PLWHA.* This also causes drastic changes in the family and surrounding community, making them feel sad and inferior because of the disease. The community always assumes that someone with *HIV/AIDS* is someone whose life is bad, and always stigmatizes that person, causing *PLWHA* to feel inferior to those around them.

In addition to feelings of inferiority, family support is also needed in this case, such as always providing support during treatment and always encouraging PLWHA to rise from their depression, because after all, families must also encourage *PLWHA* to overcome their life problems. However, this was not the case with one of the participants, who said that he did not have the courage to tell his family about his condition. This is different from the other three participants, who told their families. According to them, their families are the ones who should know about their condition. A person's condition cannot be predicted, so to anticipate this, the three participants told their families about their condition.

Family provides tangible or intangible support in the form of information, emotional support, or presence, which has a positive effect on the recipient. Research conducted by Nomiko (2021) shows that family support can serve as a preventive strategy to reduce stress, by providing encouragement and motivation to the patient. According to Valeria (2016) in Nomiko (2021), good family support has an influence on increasing self-esteem, while poor family support increases the risk of depression in *HIV/AIDS* patients. The importance of family support is essential so that, regardless of the circumstances, the place to return home or to share stories about the conditions experienced is the family. Families will generally feel surprised, but over time, they will surely accept and provide extraordinary support to get through every difficult situation.

With good family support, stress will also be reduced. The family can also be a place to share stories, so that the burden of s experienced by participants will be reduced and they will feel that *PLWHA* still have a family that cares for them, from the time they are diagnosed *with HIV/AIDS* to the treatment they are undergoing. Not only that, sharing stories with family can also reduce the negative effects of negative assumptions from the people around them. So, from this statement, low self-esteem and family support are one and the same. With the emergence of low self-esteem towards those around them, low self-esteem towards family should not also emerge. Because even though other people think negatively about *PLWHA*, there are still families who always think positively and always support them for the future.

Theme 4: Treatment Efforts for *PLWHA*

This theme explains the importance of treatment to suppress the *HIV/AIDS* virus in the participants' bodies. The participants stated that if they want to stay healthy, they must take ARV medication regularly. From the participants' explanations, it can be concluded that they use *the Problem Focused Coping* mechanism. ARV treatment is very important for *PLWHA* because basically there is no other cure except adhering to ARV medication.

According to research by Suryanto and Nurjanah (2021), ARV therapy means treating *HIV* infection with medication. ARV drugs do not kill the virus but can suppress it so that it does not multiply. ARV drugs consist of several classes, such as nucleoside reverse transcriptase inhibitors, nucleotide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors (Nursalam et al., 2018). For the sake of treatment adherence, there needs to be self-awareness from patients to stay alive. Self-confidence from the patient's is a supporting factor for adherence.

A study conducted by Daramatasia and Kurniyanti (2021) found that positive stigma towards *PLWHA* is related to ARV medication adherence. The stigma felt by *PLWHA* causes them to develop various emotional coping mechanisms. The emotional coping strategies used by *PLWHA* are rationalization and *problem-focused* coping. The coping strategies used *by PLHIV* include joining peer support groups, changing behavior, and keeping themselves active. Not only that, improving ARV treatment adherence is also a shared responsibility of the program, *PLHIV,* health service providers, and even families and communities. Therefore, internal and external support is needed to ensure adherence to treatment.

Theme 5: The Hopes of PLWHA

This theme describes the hopes of *PLWHA* for themselves and their peers who are also living *with HIV/AIDS*. Participants hope that they will always be healthy and enthusiastic about living with *HIV/AIDS*. Participants also said that they hope to always adhere to their treatment in the future. Not only that, participants also hope that their fellow *PLWHA* will always remain enthusiastic and not give up, because life does not end here. Participants have also learned many lessons over the years, and hope is one of the keys to remembering that having hope and aspirations is essential for surviving with an *HIV/AIDS* diagnosis.

Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease, disability, or weakness. This is similar to the research by Juwita, C.P (2021) that health is a state of physical, mental, and social well-being. Participants want the virus in their bodies to decrease. This disease cannot be cured, only prevented and maximally treated by regularly taking ARV drugs. To date, ARV remains the mainstay of treatment for people living *with HIV/AIDS.* These drugs are not able to completely cure *HIV/AIDS* or make it disappear altogether. Their function is only to suppress the development of the virus in the patient's body.

If you have *HIV/AIDS*, you must follow the treatment recommended by your doctor and consult your doctor immediately if you experience complications so that further treatment can be provided. You must also be able to manage your stress or find good coping strategies to deal with this condition.

CONCLUSION

The participants' response to *HIV/AIDS* is that it is a disease that attacks the immune system. *HIV/AIDS* can be transmitted through unprotected sex with someone who has *HIV/AIDS*, blood, syringes, and breast milk. The participants also realize that the disease requires lifelong treatment. There are several coping mechanisms used by participants, namely: always seeking information about *HIV/AIDS,* how it is transmitted, and treatment, and finding peers who have also been diagnosed *with HIV/AIDS* to share stories with, in addition to family. Apart from family, participants said that they also often do activities with peers to reduce the stress they experience. They always encourage themselves in facing problems.

RECOMMENDATIONS

a. For Respondents

The results of this study can be used as a benchmark and self-reflection on what *PLWHA* have done in terms of coping mechanisms to deal with their stress.

b. For Educational Institution

The results of this study can be used as input for knowledge about *HIV/AIDS,* particularly regarding coping mechanisms in managing stress in *PLWHA*. It can also be used as a reference for future researchers.

c. For the Bojonegoro Community Health Center

The results of this study can be used as insight for *HIV/AIDS* program managers, especially to understand or examine in more depth how *PLWHA* deal with the stress they experience when first diagnosed *with HIV/AIDS*. This will enable program managers to provide interventions or solutions for *PLWHA.*

d. For Future Researchers

Future researchers are encouraged to conduct quantitative research to determine whether there is a relationship between coping mechanisms and the stress experienced by people living with *HIV/AIDS.*

REFERENCES

1. Afiyanti, Yati & Rachmawati, IN, (2014). *Qualitative Research Methodology in Nursing Research.* Jakarta: Raja Grafindo Perseda Publishing.
2. Agus Alamsyah; Cristine V.G.P; Ulfiah T. A., (2020). *Examining HIV/AIDS From Theory to Practice.* Indramayu: Adanu Abimata.
3. Aini, N. N., Indriyani, D., & Adriani, W. (2021). Peer Support Improves Psychological Adaptation of HIV/AIDS Patients. *Journal of Ners Community*, *12*(2), 182-195.
4. Anugerah, et al. (2024). Guidelines for Writing Proposals and Theses Edition XV ISTeK Insan Cendekia Husada Bojonegoro Academic Year 2024/2025. Bojonegoro: ISTeK ICsada.
5. Avelina, Y. (2021). The Relationship between Family Support and the Quality of Life of HIV/AIDS Patients Undergoing Therapy at the Sehati VCT Clinic, Dr. TC Hillers Maumere Regional General Hospital. Journal of Nursing and Public Health, 6(1).
6. World Health Organization (WHO) Data https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics. Accessed on October 28, 2024. (8:45 PM).
16. Najmah, (2016). *Epidemiology of Infectious Diseases.* Jakarta: Raja Grafindo Persada.
17. Nursalam, Ninuk D.K., Misutarno, Fitriana K.K., (2018). *Nursing Care for Patients Infected with HIV/AIDS.* Jakarta: Salemba Medika
7. Morbidity Data (Illness Rate) of Bojonegoro Regency 2023.
8. Fabanyo, Anggreini, Mairuhu, (2023). *The Relationship Between Coping Mechanisms and Stress Reduction in People Living with HIV/AIDS*. Journal of Nursing Arts, Vol.17 No.2
9. Hidayat, Wardani, (2014). *Overview of Coping Strategies of HIV/AIDS Patients at the Drug Addiction Clinic of Dr. H. Marzoeki Mahdi Hospital, Bogor*. Journal of Mental Health Nursing, Vol. 2 No. 2 pp. 100-109.
10. Huzaimah, N., & Pratiwi, I. G. D. (2020). Phenomenological Study: The Experiences of People Living with HIV/AIDS (PLWHA) Undergoing Antiretroviral Therapy. Health Science Journal, 2(1), 19-29.
11. Juwita, C. P. (2021). Module on the concepts of health and illness.
12. Kurniyanti, M. A., & Daramatasia, W. (2021). The Relationship Between Self-Stigma and Adherence to ARV Medication Among People Living with HIV/AIDS (PLWHA). *Jurnal Ilmiah Kesehatan Media Husada*, *10*(1), 42-51.
13. Maleong, Lexy J, (2018). *Qualitative Research Methodology*. Bandung: PT. Remaja Rosdakarya.
14. Marni, Ratnasari, N.Y; Soares, D; Husna. P.H, (2020). *Depression Levels and Quality of Life of People Living with HIV/AIDS in the Gaja Mungkur Peer Support Group , Wonogiri.* Suara Foorikes Health Research Journal, VOL.11 No.4
15. Miru, C., & Siswanto, S. (2023). SELF-COMPASSION, PERCEPTION OF ILLNESS, AND QUALITY OF LIFE OF PEOPLE WITH HIV/AIDS (ODHA).
18. Health Profile of the Bojonegoro District Health Office for the Year 2023
19. Health Profile of Indonesia 2023
20. Health Profile of East Java 2023
21. Salami, S; Muvira, A.A; Yualita, P, (2021). *Qualitative Study of Coping*

Strategies for People Living with HIV/AIDS in Bandung City. Faletehan Health Journal, 8 (1) pp. 22-30.

22. Srinatania, D., & Karlina, R. C. (2021). Life Experiences of Adolescents with HIV/AIDS in Bandung City. Risenologi, 6(1a), 43-58.
23. Sulistyarini, W.D; Pratiwi, R.H, (2023). *The Relationship Between Coping Mechanisms and Anxiety in HIV Patients at the Temindung Community Health Center in Samarinda City*. Jurnal Kesehatan Medika Saintika, Vol.14 No. 2.
24. Suryanto, Y., & Nurjanah, U. (2021). Adherence to Antiretroviral (ARV) Medication in HIV/AIDS Patients. Indonesian Nursing Science Journal (JIKPI), 2(1), 14-22.
25. Suzana Murni, Chris W.G, Samsuridjal D, Ardhi S, Siradj O, (2015). *Pocket Book on Living with HIV/AIDS.* Jakarta: Spiritia Foundation.
26. Syukaisih, A., & Oktaviany, W. (2022). Analysis of Stigma and Community Discrimination Against People with HIV/AIDS (PLWHA) in Indragiri Hulu District. Menara Ilmu, 16(02), 86-97.
27. Yusuf, A., Fitriyasari, R., & Nihayati, H. E. (2015). *Textbook on Mental Health Nursing*. Jakarta: Salemba Medika.