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EMOTIONAL REGULATION ON PEOPLE LIVING WITH HIV/AIDS: CASE STUDY IN *PELANGI* PEER SUPPORTING GROUP

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ABSTRACT

People Living with HIV/AIDS (PLWHA) face various challenges, including physical health issues, social stigma, time constraints, and the need to balance physical and emotional well-being. These challenges often lead to emotional distress as PLWHA strive to maintain stability. This study aimed to analyze the emotion regulation strategies employed by PLWHA using the process model of emotion regulation, specifically examining the application of situation selection, situation modification, attentional deployment, cognitive change, and response modulation in regulating emotions. This study employed a qualitative method with a case study approach. Data were collected through in-depth interviews with eight key informants, five key informant companions, and one expert informant, as well as Focus Group Discussions (FGDs) involving four peer companions. Data triangulation, both by source and technique, was used to ensure validity, and thematic content analysis was applied for data interpretation. Findings revealed that PLWHA sought supportive environments to minimize negative emotions, used distraction strategies, and employed perspective-taking and emotional reassessment to manage emotions. However, response modulation produced mixed outcomes, with some informants engaged in maladaptive behaviors such as excessive coffee and cigarette consumption, alcohol use, and same-sex relationships, while others turned to religious practices. This study highlights that emotional instability occasionally leads to risky behaviors, including sexual activities aimed at intentionally spreading the virus. These results emphasize the urgent need for targeted emotional support interventions to improve the PLWHA's well-being, helping them develop healthier emotion regulation strategies to strengthen resilience and quality of life.

Keywords: emotion, emotion regulation, people living with HIV/AIDS

Introduction

People Living with HIV/AIDS (PLWHA) are people infected with the HIV/AIDS virus. Basically, PLWHA faces three main challenges: dealing with physical conditions and the stigma that arises, time constraints, and balancing physical and emotional health.[1] Physical challenges come from a weakened immune system, while stigma and discrimination negatively affect the social and even economic conditions. PLWHA are often ostracized, denied work, and even excluded from employment due to their status.[2] PLWHA are also racing against time constraints, due to the low life expectancy and high mortality rate after HIV/AIDS diagnosis, PLWHA must face the possibility of a limited life.[3] In addition, the demand to balance between physical and emotional conditions causes PLWHA to make various efforts to maintain their condition by mastering the conditions that arise due physiological stimuli and various emotional turmoil in PLWHA.[4]

The results of a preliminary study conducted through interviews with the coordinators and peer mentors at *Pelangi* Peer Supporting Group on October 6, 2023 showed that PLWHA often felt unable to accept themselves when they found out they were infected with HIV/AIDS. This condition does not only occur at the beginning of diagnosis, but can last for a long time. In addition, PLWHA chooses to close themselves by hiding their status due to stigma and discrimination from the surrounding environment. Stigma and discrimination cause PLWHA to hesitate to disclose or hide their status.[5] This is because they are closely related to the pressures and risks that PLWHA face and affect their emotional development.[6]

Positive emotions, like gratitude and happiness, arise when PLWHA receives support.[7] While negative emotions, like fear, stem from health concerns and stigma.[8] If these emotions are not managed well, it can worsen HIV/AIDS prevention and treatment by hindering treatment.[9] Emotional regulation is essential for turning negative emotions into positive ones. Gross states that emotion regulation is an individual's way of influencing, feeling, and expressing emotions that should be displayed when facing a situation. Based on the theory of the process model of emotion regulation, emotion regulation consists of two types, namely antecedent-focused emotion regulation and response-focused emotion regulation. Antecedent-focused emotion regulation consists of four strategies, namely situation selection, situation modification, attentional deployment, and cognitive change. Meanwhile, response-focused emotion regulation only consists of one strategy, namely response modulation.[10]

Over time, emotion regulation can help PLWHA regain, maintain, or even improve psychological health, which is commonly referred to as resilience.[11] The higher the emotion regulation, the higher the resilience possessed by the PLWHA.[12] Thus, it can be concluded that the ability to regulate emotions can increase the resilience of PLWHA in facing various challenges

experienced. Previous research shows that emotion regulation contributes positively to mental health of PLWHA in the Koja, North Jakarta Health Center area in dealing with negative stigma.[13]

Based on the descriptions and problems that have been expressed, PLWHA needs to have the ability to regulate emotions to maintain emotional stability and manage negative emotions appropriately so as to increase resilience.[14] Previous studies have examined emotional regulation among PLWHA. One study, titled "*Kemampuan Regulasi Emosi pada Penderita HIV/AIDS di Kabupaten Maluku Tenggara*", focused on the overall emotion regulation ability of PLWHA [15].

Building upon this gap, this research differs by specifically analyzing the types and strategies of emotional regulation using the process model of emotion regulation. This model explores how PLWHA regulate their emotions through situation selection, situation modification, attentional employment, cognitive change, and response modulation. The primary objective of this research is to analyze emotional regulation strategies used by PLWHA in managing emotions that contribute to their emotional well-being and quality of life. By adopting this approach, this study provides a more comprehensive and structured analysis, providing valuable insights into how PLWHA manage their emotions in response to social and psychological challenges.

Methods

This qualitative research employed a case study approach and was conducted at the Pelangi Peer Supporting Group from January to May 2024. The informants in this study consisted of key informants, key informant companions, and an expert key informant. The key informants were eight PLWHA who had received assistance from the Pelangi Peer Supporting Group. The key informant companions were five individuals closely related to the key informants, including spouses, friends, family members, and peer companions. Meanwhile, the expert key informant was the founder of the Pelangi Peer Supporting Group. A total of 14 informants participated in this study, a number deemed adequate and representative for achieving the research objectives. Informants were selected using a purposive sampling technique based on criteria relevant to the research objectives, as shown in Table 1. Criteria of Key Informants and Key Informant Companions:

Table 1. Criteria of Key Informants and Key Informant Companions

Key Informants	Key Informant Companions
PLWHA who are assisted by *Pelangi* Peer Supporting Group and live in Jember Regency	The closest person to the main informant is a spouses, friends, family, or peers
Willing to be an informant	Willing to be an informant

Data collection in this study was conducted through in-depth interviews with key informants, key informant companions, and an expert key informant. The interview technique used in this study was a semi-structured interview, with questions related to Antecedent-Focused Emotion Regulation (Situation Selection, Situation Modification, Attentional Deployment, and Cognitive Change) and

Response-Focused Emotion Regulation (Response Modulation). After conducting in-depth interview, FGDs were carried out with four peer companions, who were different from the in-depth interview informants. The FGDs aimed to provide support and serve as additional information that had been obtained from in-depth interviews. In the data collection process, interview guides and FGDs guide were used as research tools.

Data validity was assessed using source triangulation by comparing the results from informants, and technique triangulation by comparing findings from in-depth interviews and FGDs to ensure consistency in the results. The data obtained were analyzed using thematic content analysis. The analysis process involved collecting field data through interviews and FGDs, both conducted in Indonesian. Responses from informants were examined to ensure credibility. The data were then reduced by assessing their relevance to the research focus. Furthermore, the data were summarized and categorized based on the research focus, while irrelevant data were removed. After that, the data were presented in a structured format and verified to draw conclusions.

This research was approved by the Ethics Commission of the Faculty of Dentistry, University of Jember under the number No.2428/UN25.8/KEPK/DL/2024. All informants were provided with an explanation of the study's objectives and procedures and expressed their willingness to participate through informed consent. In presenting the study results, the privacy of informants was maintained by keeping their identities confidential.

Results

The informants in this study had been involved in the *Pelangi* Peer Supporting Group for varying durations, actively participating in peer support activities that influenced their emotional regulation strategies. Their selection included both individuals who were open about their HIV status and those who were not, ensuring diverse perspective. Additionally, their willingness to share their experiences was considered in the selection process.

The research informants consisted of 14 informants: 8 key informant, 5 key informant companion, and 1 expert key informant. The criteria of key informants can be seen in Table 2. Characteristics of Key Informant:

Table 2. Characteristics of Key Informants

Key Informants	Gender	Age	Work	Diagnosed	Risk Factors
KI 1	Woman	57	Self employed	8 Years	High risk
KI 2	Man	40	Teacher	3 Years	Men sex with men
KI 3	Man	27	Not working	1 Year	Men sex with men
KI 4	Man	40	Farm labor	7 Years	Customer risk factors
KI 5	Man	37	Not working	3 Years	Transgender
KI 6	Woman	45	Female sex worker	2 Years	Female sex worker
KI 7	Woman	34	Female sex worker	4 Years	Female sex worker
KI 8	Woman	54	Self employed	1 Year	High risk

The four key informants in this study are widows, namely KI 1, KI 6, KI 7, and KI 8. KI 1 and KI 8 were widowed after their husbands died, while KI 6 and KI 7 were widowed after divorcing their husbands. One other informant, KI 4, is married, and the other informants, KI 2, KI 3, and KI 5, are unmarried.

Table 3. Characteristics of Key Informant Companions

Key Informant Companions	Gender	Age	Relationship with KI
KIC 1	Woman	44	Peer mentors
KIC 2	Woman	44	Peer supporter
KIC 4	Woman	43	Wife
KIC 6	Woman	45	Friend
KIC 8	Man	35	Nephew

Based on Table 3. Characteristics of Key Informant Companions, there were five key informant companions in this study, consisting of two peer companions who serve as staff supporting PLWHA in the *Pelangi* Peer Supporting Group, the key informant's wives, friends, and nephews. Meanwhile, three key informants, namely KI 3, KI 5, and KI 7 did not have key informant companions This is because they lived alone, apart from their families, and were not open with their status as PLWHA to others. The remaining five key informants had at least one key informant companion.

Table 4. Characteristics of Expert Key Informants

Expert Key Informants	Gender	Age	Position
EKI	Man	45	Founder
PC 1	Man	35	Staff
PC 2	Man	33	Staff
PC 3	Man	28	Staff
PC 4	Man	40	Staff

Based on Table 4. Characteristics of Expert Key Informants, the expert key informants consisted of one founder and four staff members of *Pelangi* Peer Supporting Group. Information obtained from the founder was collected through in-depth interviews, while information from the staff was collected through FGDs.

Thematic Content Analysis produces 2 main themes: 1) Antecedent-Focused Emotion Regulation and 2) Response-Focused Emotion Regulation with the following details:

Table 5. Themes and Sub Themes Produced from Data Analysis

Themes	Sub Themes
Antecedent-Focused Emotion Regulation	1. Situation Selection
	2. Situation Modification
	3. Attentional Deployment
	4. Cognitive Change
Response-Focused Emotion Regulation	1. Response Modulation

PLWHA also have the right to a comfortable situation for them. Regarding their status, the five informants chose not to disclose their status to the surrounding environment and only to trusted close people as follows:

"......my sister, my first child, and my husband's brother who is from outside Java......I told the doctor's examination......that indeed my husband is (HIV) and transmits it to me......" (KI 1)

"If the child and her family know, if the environment does not know......" (KIC 1)

"......not everyone is open to their families about their status......simply put, they are not prepared for the situation they are in......" (EKI)

PLWHA will tend to hide their status from those closest to them because of cognitive dissonance that occurs in PLWHA such as fear of stigma and rejection from the environment. Regarding couples, the two informants avoided invitations to marry for fear of revealing their status as follows:

"......These people asked me "don't you want to get married?"......It's impossible to say I'm HIV...... because we are scared, traumatized and don't want to disclose our status" (KI 1)

"......Yesterday, if someone wanted to invite marriage, but she didn't want to because she felt complicated with her status. For example, if you want to get married, you have to know the status first......" (KIC 1)

"……There are a lot of people, especially unmarried women. If they are married, they change their number (phone), and my number is blocked......They are like that because they have not disclosed their status to their partner and I also have to be aware of the situation, but I continue to provide information, education to them......" (EKI)

This shows that KI 1 experiences cognitive dissonance like most other informants. KI 1 concealed her status to the person who asked her to marry because of fear and trauma. This is in line with what EKI said, which shows that the fear of rejection from their partner causes them to choose to keep their status a secret. The other two informants chose not to access health services and decided to stop taking medication according to the following quote:

".......Although the medicine is always delivered, I don't take it......My assumption is that during this one-month treatment, I feel no change......" (KI 5)

"……There are many cases where the medicine is not taken......told to take it to the service, but thrown away......" (EKI)

KI 5 decided not to access health services and stopped taking medication because KI 5 felt that the treatment had no impact on his condition, so KI 5 was desperate. In conditions like this, the role of the closest people to provide support is needed.

The research shows that four informants decided to disclose their status after previously keeping it secret:

"...... ashamed to say HIV to me...... I replied "this is a beautiful HIV person"...... I don't want to keep it a secret that I have HIV....." (KI 8)

"...... Everyone here already knows that she has HIV, but fortunately she can prove that even though she has HIV, she can still do it......" (KIC 8)

"…… few years after being diagnosed (HIV), she talked to his family about her status. She was happy, she can accepted into her family" (EKI)

KI 8 decided not to close his status because she wanted to prove the untruth of the stigma and discrimination circulating in the community regarding PLWHA. This shows that KI 8 has a fairly good self-efficacy. At the beginning of diagnosis, PLWHA will tend to close their status to their environment, but over time PLWHA will choose to open their status to get support from others. This is reinforced by the following FGDs results:

"....... Finally I talked to my parents, I apologized, and I confessed that I was HIV positive...... Until now, my parents are supportive, right......" (PC 1)

By being open about their status, PLWHA hope to gain acceptance and support from the surrounding environment. In contrast to the three informants who chose to keep their status a secret as follows:

"I thought, I have to deal with the people around here. They don't know me. So I'm with those people, so I don't talk too much (about their status)" (KI 2)

"……is a rather closed person, I also can't dig too far because he's not open, right......." (KIC 2)

From the quote, it can be concluded that KI 2 kept his status a secret for fear of receiving stigma and discrimination from the surrounding environment.

Apart from status issue, informants also made modifications to access health services, which previously chose not to carry out treatment and finally chose to access health services by continuing treatment as in the following quote:

"If I'm come back again, yes, it's just a reminder from the team "don't be late". Well, I've tried. With Ms. Ririn, the medicine is...... you really have to drink it....." (KI 5)

"…… Many members (PLWHA) take medicine with the assistance of "already, don't think about it", while joking like that "we are the same, it's time to take medicine, you just drink it, don't think it" for a long time, it continued like that, finally they can consistently take medicine......" (EKI)

Based on this quote, it is known that KI 5 decided to return to ARV treatment because of the support from peer companions who encouraged KI 5 to undergo treatment.

Attentional deployment occurs after experiencing an event that brings up emotions, which consists of three types, namely physical withdrawal, distraction, and concentration. Two informants did physical distraction as follows:

"If I don't listen to what my neighbors say...... Let the neighbors make comment like that, not visiting me when I'm sick is fine..... It's up to me to do that" (KI 4)

"....... yes, it's just that usually someone tells me, this is not allowed, I know better what my husband is sick with, so don’t listen to it" (KIC 4)

"If there is talk from the neighborhood, there will be, but it depends on how to respond to it. If possible, we don't need to listen, we just need to keep focusing on ourselves......." (EKI)

KI 4 and KIC 4 physically distract themselves by trying not to listen to what others are saying about them. In KI 4, the external environment in question is the surrounding community. The other four informants divert attention by distracting attention as follows:

"........ indeed, I have to dare to think that the disease never existed, just relax, if you don't relax, think about this until you die, no one will find me here......" (KI 8)

"I often remind her, let's relax, don't think too much, so maybe that's what she applies until now" (KIC 8)

"Indeed, we must relax, because the more we do not relax, the greater the fear will be. Some PLWHA have died because of their fear......” (EKI)

KI 8 is distracted by distracting attention away from the situation experienced internally. KI 8 changed the focus to a different aspect of the situation, namely by relaxing. The other two informants distracted their attention by concentrating as follows:

"...... I don't feel like doing negative things...... I just got infected .... Sometimes I see people with HIV like weak people, but I don't care, I have many friends in the hospital" (KI 1)

"It's like she was given an inheritance but her inheritance is eternal in the form of this disease with her husband, it’s not her who did it but her husband......." (KIC 1)

In distraction with concentration, KI 1 reflected on the cause of HIV infection coming from her husband so that KI 1 does not see herself as a negative individual. This is also found in the FGDs results as follows:

"...... Yes, that's it. Because I already know about myself, there are many things that I keep finding out, I am also at risk of contracting HIV (homosexual)......." (PC 4)

Based on this explanation, it can be concluded that all informants have conducted attentional deployment with various methods applied.

Cognitive changes occur when individuals choose emotional meanings attached to a situation that causes subjective feelings, behavioral changes, and physiological changes. Four informants experienced cognitive changes by reassessing emotional stimuli with perspective taking which is done by interpreting emotional events by taking another point of view. This is evidenced by the following quote:

".....B20 is synonymous with not long ago. But after treatment what the people say is not true...... as long as we try, I can still live until now......" (KI 2)

"…… I always emphasized to him that you can get through it. Now the proof is that thank God, he still survives until he heals, right......" (KIC 2)

"…… Indeed, at the beginning of the diagnosis, what must be present in PLWHA is the fear of death, but after a long period of treatment, the fear must have faded......" (EKI)

KI 2 previously felt that his life was not long anymore, but after taking treatment, KI 2 reflected that this was not experienced by him. KI 2 made cognitive changes by interpreting the emotional events experienced in this case HIV infection by taking a different perspective so that he found a new perspective regarding his status after treatment. The other four informants made cognitive changes by reassessing the emotional responses that arose as in the following quotes:

"........ if I wasn't like this (transgender) I wouldn't have gotten HIV, I regret why I did that.... so as long as I'm positive I never, to be honest" (KI 5)

"…… there are also those who feel regret why I did this and that until I got HIV, for example, if I had not done that, I would not be like this now......." (EKI)

KI 5 experienced cognitive changes by reassessing emotional responses. This was shown by KI 5 who accepted that he was infected with HIV from risky behavior and left the behavior so that he fond peace.

Emotions can be changed directly by modifying emotion-related experiences, behaviors, or physiology through changes in subjective feelings or physiological arousal, changes in behavior, and changes in thoughts. Changes in subjective feelings or physiological arousal are carried out by changing emotions that are consciously felt by using alcohol, coffee, or cigarettes. Based on the research conducted, there are four informants who change subjective feelings or physiological arousal. KI 2 modulates the response by drinking coffee, while KI 4 and KI 6 modulate the response by drinking coffee and smoking as follows:

"Anyway, if I'm stressed, I run to cigarettes and coffee....... A day and a night were two packages...... of cigarettes. Hiding in the bathroom. I can't do it if I don't smoke" (KI 6)

"Well, then, if she doesn't smoke, her stress will increase. She said that she more stressed, and then I said why smoke, please love your body......" (KIC 6)

"Some people relieve their stress by smoking and drinking coffee, they say that they feel very relieved after doing so......." (EKI)

KI 6 modulated emotional tendencies by drinking coffee and smoking which she thought could relax her mind and help relieve the stress experienced. Meanwhile, KI 7 modulates the response by drinking alcohol as follows:

"I used to drink alcohol.....now it's reduced.....at least one bottle or half...." (KI 7)

"……but there are also those who escape by drinking alcohol to relieve their stress......" (EKI)

Based on the quote, KI 7 changes emotional tendencies by drinking alcohol. According to her, drinking alcohol is can reduce the emotions felt. The other two informants modulated their responses by changing their behavior in a more positive direction to reduce the emotions felt by increasing religiosity through worship as follows:

"Yes, I pray, I continue to realize that, because humans are not free from mistakes, so that's what makes me forgive my husband......" (KI 1)

"……Initially, when she found out about her status (HIV), she was very sad, but thank God now she begun to accept her situation by increasing his religiosity." (KIC 1)

"……the best thing is to back to God, but not all of them apply it to the situation they face as PLWHA" (EKI)

The problems experienced by KI 1 triggered awareness of the importance of religiosity as a stress coping in life. The other two informants changed their behavior in a negative direction by engaging in risky behaviors as follows:

"My favorite situation is I'm with my (male) partner, that's all" (KI 3)

"……even after diagnosis some PLWHA continue to have active sexual relationship that risk transmitting HIV to others. This is done because they feel revenge, want to find friends so that they both have HIV." (EKI)

Same-sex relationship is a behavior that goes against human nature, although KI 3 felt that he had received support and attention. This is also reinforced by the following excerpt from the FGD results:

"I was diagnosed one year earlier, I don't have such thoughts anymore.....that people diagnosed with HIV should run to God. One year from now I have a grudge" (PC 3)

"Actually, I don't want to pass it on, just because there is an actual (biological) need" (PC 2)

Based on the FGDs results, it was found that after being diagnosed, the presence of resentment caused PLWHA to have the desire to infect others. In addition, the biological needs to engage in deviant sexual behavior encourages PLWHA to have sexual intercourse even though they know the risk of HIV/AIDS transmission. However, this behavior cannot be justified because PLWHA should apply HIV/AIDS transmission prevention behavior, one of which is by using safety during sexual intercourse to minimize the risk of HIV/AIDS transmission to others.

Discussion

Situation selection is an attempt to choose an emotional situation that are faced or avoided from certain person, place, or object to minimize the individual being in conditions that will cause

negative emotions.[10] In the situation selection strategy, PLWHA will tend to hide their status from the closest people, both family or partner. This is due to the cognitive dissonance that occurs in PLWHA before self-disclosure such as the fear of stigma and rejection from their environment which can be overcome by getting motivation and support from the closest people.[16] In addition to status, PLWHA will also tend not to access health services and stop taking medicine due to a sense of hopelessness.[17] In these conditions, the role of the closest people to provide support is very necessary. With this support, it is expected to trigger the spirit of PLWHA to continue treatment.[18]

After choosing the situation to be faced or avoided, a person can make modifications to change the emotional impact called situation modification.[10] In this strategy, after hiding their status, PLWHA will reveal their status to the surrounding environment. The openness possessed by PLWHA is related to their self-efficacy. The high self-efficacy they have will increase their acceptance so that they can create their personal well-being.[19] Likewise, access to health services and treatment was found that PLWHA re-accessed treatment after receiving support from those closest to them.[18] However, situation modification does not always produce positive outcomes. Some PLWHA experience increased acceptance after disclosing their status, while others may face negative reactions from their social environment, leading to further emotional distress. Therefore, the decision to modify their environment by disclosing their HIV status is highly contextualized and influenced by the level of perceived support from family, friend, and community.[20]

Attentional deployment occurs after experiencing an event that causes emotions, which consists of three types, namely physical attention, distraction, and concentration.[10] Based on the research, it was found that all informants had done physical distraction, distraction, and concentration. Physical distraction is done by trying not to listen to what others are saying about them. Distraction is done by diverting external attention by doing relaxation. While, concentration is done by contemplating the causes of contracting HIV/AIDS.[21] In addition, mindfulness and meditation have been shown to be effective in reducing stress and improving emotional regulation. These technique help individuals shift their focus from distressing thought related to stigma or health issues and increase emotional resilience.[22] Mindfulness practices can help PLWHA to stay present and reduce overthinking, which often exacerbates anxiety and negative emotions. Thus, incorporating these strategies into daily routines could improve emotional outcomes for PLWHA.

Cognitive change is an effort to change emotions by changing the individual's cognitive representation of the situation experienced.[10] Based on the results of the study, it was found that cognitive changes made by PLWHA in two ways, namely taking another perspectives or point of view and reassessing the emotional responses that arise. The cognitive changes experienced will help PLWHA reduce negative thoughts, reduce physical symptoms, and encourage adaptive behavior.[23] Cognitive change, if successfully implemented, can lead to significant improvements in the mental health. Reappraising the situation and viewing it from a different perspective can reduce

the impact of negative emotions, leading to better-coping mechanisms.[24] Support from peer groups plays an important role in facilitating this cognitive change by providing alternative perspectives and emotional reinforcement.

Response modulation is an attempt to change emotions directly by modifying emotion-related experiences, behaviors, or physiology through changes in subjective feelings or physiological arousal, behavioral changes, and changes in thought.[10] Changes in subjective feelings or physiological arousal are carried out by consciously changing the emotions felt by using alcohol, coffee, or cigarettes, which according to the informant can reduce the stress experienced.[25] Caffeine, nicotine, and alcohol can relieve stress temporarily, but their use cannot solve the stress problem experienced.[26] In addition, modulating responses can be done by changing behavior to reduce emotional tendencies. Changes in behavior towards a more positive direction are made by PLWHA by increasing religiosity through worship. The higher the religiosity, the lower the psychological pressure experienced.[27] Meanwhile, behavioral changes in the negative direction are carried out by engaging in same-sex sexual behavior. This behavior is based on the biological needs of PLWHA with homosexual behavior.[28] Homosexual behavior has a high risk of transmitting HIV/AIDS because it is influenced by the openness of PLWHA to their partners.[29] In addition, a sense of resentment causes PLWHA to have the desire to transmit it to others. On other hand, those who turn to risky behaviors often find that this coping mechanism are only temporarily effective and can lead to long-term negative consequences, such as deteriorating health or strained relationships.

Based on the explanation above, it can be concluded that stigma and discrimination affect emotional regulation in people living with HIV/AIDS (PLWHA). This stigma and discrimination create an unsupportive atmosphere, so PLWHA have difficulty in managing their emotions effectively. To reduce stigma and discrimination, it is necessary to intervene through education to the community about HIV/AIDS, with the hope that public knowledge and awareness of HIV/AIDS can increase. With these efforts, it is expected that a more conducive environment will be created for PLWHA, so that the risk of transmission and increase in HIV/AIDS rates can be minimized.

This study deeply examines how individuals diagnosed with HIV/AIDS regulate their emotions by applying the process model of emotion regulation theory. One of the key strengths of this study is its exploration of this framework in a context where it has been rarely applied. However, there are some limitations in this study, especially related to the selection of key informants, as there are no specific criteria regarding the duration of time since being diagnosed with HIV/AIDS. As a result, key informants have varying levels of emotion regulation.

Conclusion

This study shows that emotional instability in PLWHA is heavily influenced by social stigma and discrimination. This instability often leads to negative behaviors, such as engaging in sexual activities aimed at infecting others, which can contribute to the rise in HIV/AIDS cases. To mitigating these risks, strengthening emotional support systems for PLWHA is crucial. Peer supporting group, family involvement, and psychological counseling can play a significant role in enhancing emotional resilience and promoting adaptive coping mechanism. Additionally, efforts to reduce stigma and discrimination through education and awareness campaigns are essential to creating a more supportive environment for PLWHA.

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