



## Self-Acceptance and Resilience among People Living with HIV in a Community-Based Setting in Makassar

Musfirah<sup>1\*</sup>, Alamsyah<sup>1</sup>, Ratna Wulandari<sup>1</sup>

<sup>1</sup>Universitas Muhammadiyah Makassar, Makassar, Indonesia

[\\*musfirahrhm@gmail.com](mailto:musfirahrhm@gmail.com)

### ABSTRACT

Previous studies on resilience among People Living with HIV (PLHIV) have predominantly emphasized individual psychological factors, while the role of community-based accompaniment contexts remains underexplored. Addressing this gap, this study examined the relationship between self-acceptance and resilience among PLHIV assisted by a community-based organization in Makassar. This quantitative research employed a correlational design involving 53 PLHIV affiliated with Yayasan Gaya Celebes. Data were collected using validated self-acceptance and resilience questionnaires and analyzed through descriptive statistics, assumption testing, and Pearson Product Moment correlation analysis. The findings indicated that most participants demonstrated moderate levels of both self-acceptance and resilience. Although a positive association was observed between self-acceptance and resilience ( $r = 0.251$ ), the relationship did not reach statistical significance ( $p > 0.05$ ), and the effect size was small. These results suggest that self-acceptance may function as a supportive psychological resource rather than a primary determinant of resilience within a community-assisted context. Theoretically, this study contributes to the multidimensional understanding of resilience by demonstrating that internal psychological factors alone may not sufficiently explain adaptive functioning among PLHIV. The findings reinforce the importance of situating resilience within broader social and contextual frameworks. Practically, the study underscores the relevance of strengthening community-based accompaniment programs through peer support, stigma reduction initiatives, and sustained psychosocial assistance embedded in local contexts.

**Keywords:** *Community-based support; People Living with HIV; Psychosocial Adaptation; Resilience; Self-Acceptance.*

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### INTRODUCTION

Human Immunodeficiency Virus (HIV) remains a global public health concern that affects not only individuals' physical health but also their psychological and social

well-being. People Living with HIV (PLHIV) frequently experience stigma, discrimination, and persistent psychosocial stress, which may undermine their mental health, social functioning, and capacity to adapt to daily life challenges (Mukminin et al., 2023; Dave, 2024). These psychosocial burdens often persist even when medical treatment is accessible, indicating that HIV-related challenges extend beyond biomedical dimensions and require sustained psychological adjustment.

From a normative perspective, the right of PLHIV to receive equitable health services is formally guaranteed under Indonesian Law No. 36 of 2009 on Health and reinforced by the Regulation of the Minister of Health No. 21 of 2013 concerning HIV and AIDS control. Despite these legal protections, empirical evidence indicates that PLHIV continue to encounter substantial psychosocial difficulties in everyday life, including social exclusion, internalized stigma, and emotional distress (Darmayasa et al., 2023; Hu, 2024). These conditions underscore the importance of adaptive psychological capacities that enable PLHIV to maintain emotional stability and social participation within challenging environments.

Resilience is commonly defined as an individual's capacity to withstand, adapt to, and recover from adverse life conditions. In the context of HIV, resilience is essential for sustaining daily functioning amid ongoing health-related and social pressures. Contemporary research conceptualizes resilience as a multidimensional construct shaped by internal psychological resources as well as external social environments, including social support and community engagement (Çoban, 2025; Pidbutska & Martynenko, 2023). Among the internal factors associated with adaptive functioning, self-acceptance has been identified as a critical psychological resource. Self-acceptance refers to the ability to acknowledge and accept personal conditions realistically and constructively without excessive self-rejection.

Self-acceptance is particularly relevant for individuals living with chronic illnesses, as it may facilitate emotional regulation and reduce maladaptive responses such as shame and self-blame (Aritonang et al., 2025; Samaei et al., 2024). From an Islamic psychological perspective, acceptance is closely linked to the concept of *tawakkul*, which combines trust in God with active personal effort. This perspective emphasizes that acknowledgment of life circumstances does not imply passivity, but rather a balanced process of meaning-making and responsible action. Such a framework may offer additional interpretive insight into how PLHIV construct psychological resilience within culturally and spiritually embedded contexts (Anto, 2024).

Local data from Yayasan Gaya Celebes in Makassar indicate that HIV/AIDS cases in South Sulawesi reached 25,784 between 2005 and 2023, with 4,419 HIV cases recorded in Makassar City from 2019 to 2023. As a community-based organization, Yayasan Gaya Celebes provides psychosocial accompaniment and peer support services for PLHIV, aiming to enhance well-being and social integration. Community-based support programs have been shown to reduce stigma and strengthen psychosocial functioning among PLHIV (Amal et al., 2023; Azizah & Humaedi, 2023). However, the extent to which internal psychological factors such as self-acceptance are statistically associated with resilience within such community settings remains insufficiently examined.

Although previous studies have explored resilience or self-acceptance among PLHIV, limited research has quantitatively tested the direct statistical association between these two variables within a community-based accompaniment context.

Moreover, empirical evidence from Indonesian settings, particularly within Eastern Indonesia, remains scarce. Most existing studies emphasize either individual psychological variables or external social determinants separately, without examining their interrelation through correlational analysis in real-world support environments. This methodological gap restricts a more context-sensitive understanding of how internal acceptance may relate to adaptive capacity among PLHIV.

Therefore, this study aims to examine the relationship between self-acceptance and resilience among PLHIV assisted by Yayasan Gaya Celebes in Makassar. By employing a quantitative correlational approach within a community-based support setting, this research seeks to clarify the magnitude of association between these variables and contribute empirical evidence to the growing discourse on psychological adaptation among PLHIV in Indonesia.

## LITERATURE REVIEW

### *Resilience from Mental Health and Social Perspectives*

Resilience is a psychological construct widely employed to explain individuals' capacity to cope with stress, adversity, and challenging life circumstances. Contemporary scholarship increasingly conceptualizes resilience not as a fixed personal trait, but as a dynamic and developmental process shaped by the interaction between internal resources and external social contexts (Çoban, 2025; Serdiuk, 2024). From this perspective, resilience reflects an adaptive process that evolves over time as individuals negotiate life challenges and changing environments.

Within the field of mental health, resilience has been associated with emotional regulation, coping strategies, and the ability to maintain psychological balance under conditions of prolonged stress. Research highlights that resilience functions as a protective mechanism that supports psychological adjustment rather than merely the absence of psychopathology (Cala, 2020; Stepanovic, 2024). Studies further emphasize that resilience is closely linked to individuals' meaning-making processes, emotional flexibility, and access to supportive social resources (Pidbutska & Martynenko, 2023; Yavuz, 2023).

Among vulnerable populations such as People Living with HIV (PLHIV), resilience assumes particular importance. PLHIV face not only chronic physical health challenges but also persistent psychosocial stressors, including stigma, discrimination, and social exclusion, which significantly affect their mental well-being and quality of life (Mukminin et al., 2023; Dave, 2024). Empirical studies demonstrate that HIV-related stigma is strongly associated with psychological distress, social withdrawal, and reduced social functioning (Darmayasa et al., 2023; Hu, 2024). Consequently, resilience in PLHIV cannot be understood solely as an individual psychological capacity, but rather as an outcome shaped by broader social and community contexts.

Recent evidence underscores the role of social, spiritual, and community-based support in fostering resilience among PLHIV. Community empowerment programs, peer support, and spiritual coping have been shown to reduce stigma and enhance psychosocial functioning (Azizah & Humaedi, 2023; Fitrianur et al., 2022). These findings align with social-ecological models of resilience, which emphasize the

importance of collective support systems and inclusive community environments in sustaining psychological adaptation.

### *Self-Acceptance as an Internal Psychological Factor*

Self-acceptance is widely recognized as a core component of psychological well-being and adaptive functioning. It refers to individuals' capacity to acknowledge and accept their personal strengths and limitations without excessive self-criticism or self-rejection. Recent studies suggest that self-acceptance plays a crucial role in emotional stability, self-regulation, and overall mental health across different life stages (Kwon, 2024; Aritonang et al., 2025).

Empirical research indicates that self-acceptance facilitates adaptive coping by reducing maladaptive emotional responses such as shame, guilt, and self-blame. Psychological literature consistently links low self-acceptance with heightened vulnerability to emotional distress and maladjustment, particularly in populations exposed to social stigma (Astuti & Sari, 2025; Oh et al., 2023; Azevedo et al., 2022). Conversely, acceptance-based processes have been shown to promote psychological flexibility and positive change by mitigating the negative impact of shame and internalized stigma (Meltzer, 2015; Samaei et al., 2024).

In the context of PLHIV, self-acceptance acquires heightened complexity. Individuals are required not only to accept their health condition but also to navigate internalized stigma and societal labeling associated with HIV. Studies have demonstrated that difficulties in self-acceptance among PLHIV are associated with social withdrawal, diminished quality of life, and increased psychological distress (Grover et al., 2010; Mukminin et al., 2023). Interventions that strengthen self-acceptance and adaptive coping have therefore been identified as essential components of psychosocial support for PLHIV (Amal et al., 2023b).

### *The Relationship Between Self-Acceptance and Resilience*

Theoretically, self-acceptance and resilience are closely intertwined, as both contribute to individuals' capacity to adapt to stressful life circumstances. Individuals who demonstrate higher levels of self-acceptance tend to exhibit more adaptive emotional regulation, greater psychological flexibility, and a more balanced self-concept, all of which support resilient responses to adversity (Winata et al., 2025; Zlotnick et al., 2022).

However, emerging evidence suggests that the relationship between self-acceptance and resilience is not necessarily linear or deterministic. Resilience is influenced by multiple external factors, including social support, community acceptance, cultural values, and spiritual resources, which may moderate or outweigh the influence of internal psychological factors in certain contexts (Oktavia & Muhopilah, 2021a; Anto, 2024; Rodiah et al., 2025). This multidimensional perspective indicates that self-acceptance represents one important internal resource, but not the sole determinant of resilience.

Within community-based support settings, such as organizations helping for PLHIV, resilience is likely to emerge through complex interactions between self-acceptance, social inclusion, and sustained psychosocial support. This interactional process suggests that resilience should be understood as a context-sensitive and socially

embedded phenomenon, shaped by both individual psychological capacities and enabling community environments.

## **METHOD**

### *Research Design*

This study employed a quantitative approach using a correlational research design. A quantitative design was selected to objectively examine the relationship between self-acceptance and resilience through numerical data and statistical analysis. A correlational design is appropriate when the research aims to identify the degree and direction of association between variables without manipulating or intervening in participants' conditions. In this study, self-acceptance was treated as the independent variable, while resilience served as the dependent variable.

### *Participants and Sampling Technique*

The population of this study consisted of 401 People Living with HIV (PLHIV) who were registered and receiving services at Yayasan Gaya Celebes, Makassar City.

The participants of this study were PLHIV who were actively involved in the community assistance programs of Yayasan Gaya Celebes. A total of 53 participants were included in the study. Purposive sampling was applied to ensure that respondents met specific criteria relevant to the research objectives. The inclusion criteria comprised PLHIV who were registered as active members of the foundation, willing to participate voluntarily, and capable of completing the questionnaire independently.

The use of purposive sampling was intended to capture psychological characteristics within a community-based accompaniment context, where social support and collective engagement form an integral part of participants' daily experiences. The sampling approach also considered the sensitive nature of participants' health status and the need to ensure voluntary participation.

### *Research Instruments*

Data were collected using self-administered questionnaires based on a Likert scale to measure self-acceptance and resilience. The self-acceptance scale consisted of 15 items developed with reference to the conceptual dimensions proposed by Hurlock, encompassing realistic self-evaluation, acceptance of strengths and limitations, and emotional balance.

The resilience scale consisted of 14 items constructed based on the framework introduced by Reivich and Shatté, which includes emotional regulation, optimism, self-efficacy, impulse control, empathy, and adaptive problem-solving.

Each item was rated on a four-point Likert scale ranging from strongly disagree (1) to strongly agree (4). The use of a four-point scale was intended to minimize neutral responses and encourage participants to express clearer attitudes toward each statement.

### *Validity and Reliability Testing*

Prior to data collection, the instruments were tested to ensure their validity and reliability. Content validity was established through expert judgment involving specialists in psychology, counseling, and quantitative research. The experts evaluated

the relevance, clarity, and theoretical alignment of each item with the intended constructs. Items considered less representative were revised before the final administration of the questionnaire.

Reliability analysis was conducted using Cronbach's Alpha to assess the internal consistency of each scale with the assistance of SPSS version 23. The results of the reliability test indicated that the self-acceptance scale demonstrated a Cronbach's Alpha coefficient of 0.82, while the resilience scale yielded a Cronbach's Alpha value of 0.87. Both values exceed the commonly accepted threshold of 0.70, indicating that the instruments possessed satisfactory internal consistency and were reliable for use in this study.

### *Data Collection Procedure*

Data collection was carried out through direct distribution of questionnaires with the assistance of facilitators from Yayasan Gaya Celebes on June 23–24, 2025. Participants were provided with a brief explanation regarding the purpose of the study, confidentiality assurances, and instructions for completing the questionnaire. Participation was voluntary, and respondents' identities were kept confidential. This procedure was implemented to reduce response bias and ensure that participants clearly understood each statement before providing their responses.

### *Data Analysis*

The collected data were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics were employed to describe the levels of self-acceptance and resilience among participants based on categorical distributions, including mean scores, frequencies, and percentages.

Before conducting inferential analysis, assumption tests were performed. Normality testing was conducted using the Kolmogorov-Smirnov test because the sample size exceeded 50 ( $n = 53$ ). Linearity testing was also performed to ensure that the relationship between self-acceptance and resilience met the assumption of linearity.

Inferential analysis was conducted using Pearson Product Moment correlation to examine the relationship between self-acceptance and resilience. This statistical test was selected because both variables were measured on an interval scale and met the assumptions of normality and linearity. All statistical analyses were performed with a significance level set at 0.05.

## **RESULT**

### *Participant Characteristics*

This study involved 53 People Living with HIV (PLHIV) who were actively engaged in community assistance programs at Yayasan Gaya Celebes, Makassar City. The participants represented diverse demographic backgrounds, including gender, age, and duration since initial HIV diagnosis, reflecting the heterogeneity of experiences within the assisted community.

As presented in Table 1, the majority of participants were male (38 individuals, 72%), while female participants accounted for 15 individuals (28%). This distribution

corresponds with the demographic profile of key populations assisted by the foundation, particularly men who have sex with men (MSM).

**Table 1.** Gender Distribution of Participants

Gender	Frequency (F)	Percentage (%)
Male	38	72
Female	15	28
<b>Total</b>	<b>53</b>	<b>100</b>

Participants' ages ranged from 17 to 55 years, with the largest proportion in the 41–45 age group. In addition, the year of initial HIV diagnosis varied widely from 2001 to 2025, indicating substantial differences in the length of time participants had been living with HIV. This variation provides important contextual insight, as duration since diagnosis may influence psychological adjustment and resilience development.

**Descriptive Statistics**

To provide a clearer overview of the central tendency and dispersion of the study variables, descriptive statistics were calculated. The results are presented in Table 1.

**Table 2.** Descriptive Statistics of Self-Acceptance and Resilience (N = 53)

Variable	Mean (M)	Standard Deviation (SD)	Minimum	Maximum
Self-Acceptance	36.75	4.12	28	45
Resilience	39.18	3.87	31	47

The findings indicate that both self-acceptance and resilience scores were distributed within a moderate range, with relatively small variability across participants. The standard deviations suggest that responses were moderately clustered around the mean values.

**Score Categorization and Cut-off Determination**

Facilitating meaningful interpretation of self-acceptance and resilience levels, raw scores were converted into categorical levels using a statistical cut-off based on the mean and standard deviation of each variable. This method accounts for score distribution within the sample and avoids arbitrary categorization.

The categorization criteria were defined as follows:

- **Low:** scores below (Mean - 1 Standard Deviation)
- **Moderate:** scores between (Mean ± 1 Standard Deviation)
- **High:** scores above (Mean + 1 Standard Deviation)

This approach was applied consistently to both self-acceptance and resilience variables.

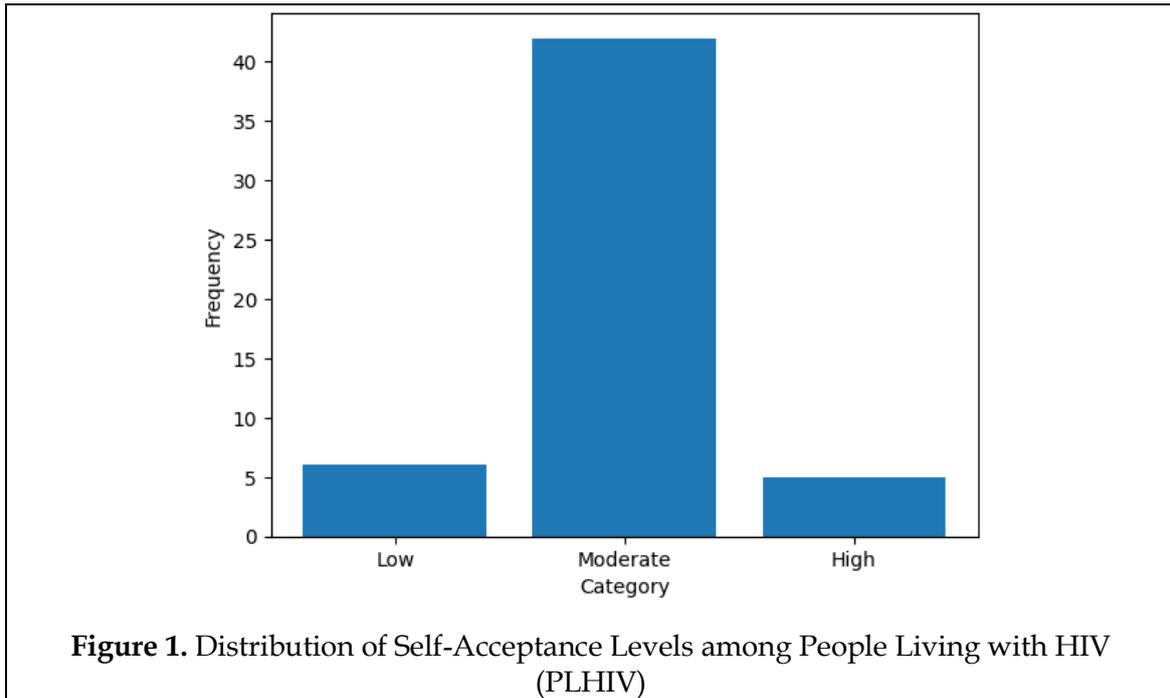
**Distribution of Self-Acceptance Levels**

Descriptive analysis indicated that most participants demonstrated a moderate level of self-acceptance. As shown in Table 2, a total of 42 participants (79%) fell into the moderate category, while 6 participants (11%) were classified as having low self-acceptance and 5 participants (9%) were categorized as having high self-acceptance.

**Table 3.** Distribution of Self-Acceptance Levels

Score Interval	Category	Frequency	Percentage (%)
$X < 32$	Low	6	11
$32 \leq X \leq 41$	Moderate	42	79
$X > 41$	High	5	9
<b>Total</b>		<b>53</b>	<b>100</b>

This distribution suggests that while most PLHIV were able to accept their condition at a functional level, self-acceptance had not yet developed optimally for the majority of participants.



**Figure 1.** Distribution of Self-Acceptance Levels among People Living with HIV (PLHIV)

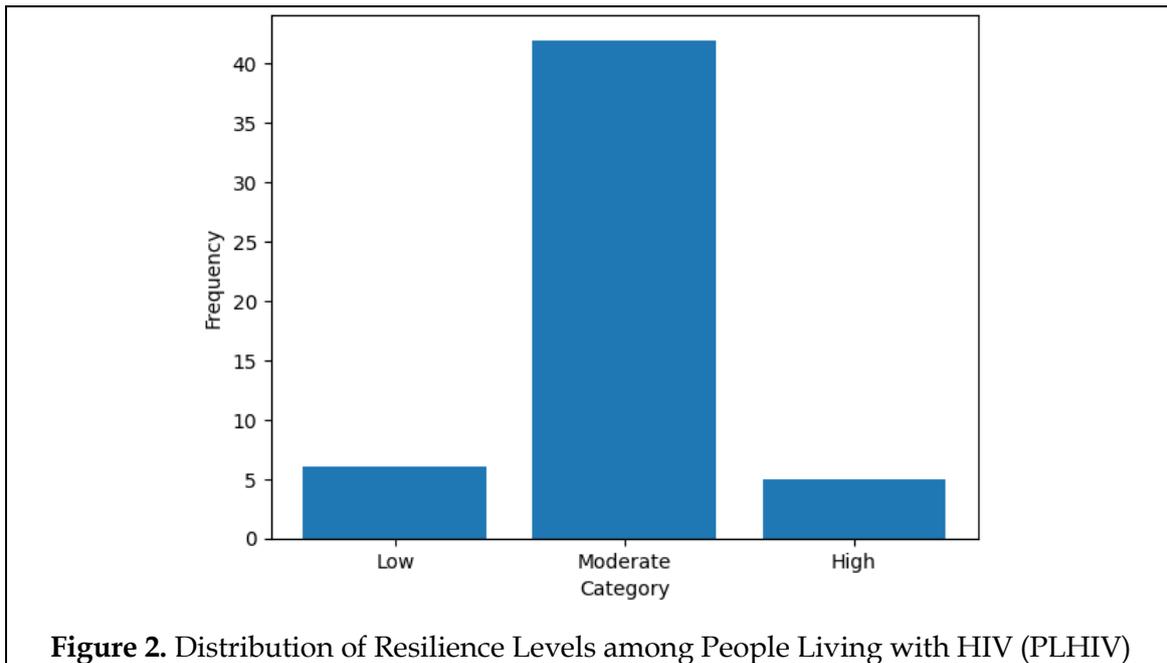
**Distribution of Resilience Levels**

A similar pattern was observed for resilience. As presented in Table 3, most participants (45 individuals, 85%) were classified as having a moderate level of resilience, while 4 participants (8%) were categorized as having low resilience and another 4 participants (8%) demonstrated high resilience.

**Table 4.** Distribution of Resilience Levels

Score Interval	Category	Frequency	Percentage (%)
$X < 36$	Low	4	8
$36 \leq X \leq 42$	Moderate	45	85
$X > 42$	High	4	8
<b>Total</b>		<b>53</b>	<b>100</b>

These findings indicate that participants generally possessed functional adaptive capacity in coping with psychosocial stressors, although resilience had not reached an optimal level for most respondents.



**Figure 2.** Distribution of Resilience Levels among People Living with HIV (PLHIV)

**Linearity Assumption Test**

Before conducting correlation analysis, a linearity test was performed to assess whether the relationship between self-acceptance and resilience met the assumption of linearity. The results, shown in Table 4, indicate that the deviation from linearity was not statistically significant ( $p = 0.319$ ), suggesting that the relationship between the two variables was linear and suitable for correlation analysis.

**Table 5.** Linearity Test between Self-Acceptance and Resilience

Source	Sum of Squares	df	Mean Square	F	Sig.
Linearity	28.266	1	28.266	3.623	0.065
Deviation from Linearity	130.623	14	9.330	1.196	0.319

**Correlation Analysisi**

Pearson Product Moment correlation analysis was conducted to examine the relationship between self-acceptance and resilience. The results indicated a positive correlation ( $r = 0.251$ ,  $p = 0.069$ ), although the association did not reach statistical significance at the 0.05 level.

According to Cohen’s (1988) criteria, the obtained correlation represents a small effect size. The coefficient of determination ( $r^2 = 0.063$ ) indicates that self-acceptance accounts for approximately 6.3% of the variance in resilience.

The 95% confidence interval ranged from -0.02 to 0.49. Because the interval includes zero, the association cannot be considered statistically significant in the population.

## DISCUSSION

The findings of this study indicate that both self-acceptance and resilience among People Living with HIV (PLHIV) assisted by Yayasan Gaya Celebes were predominantly at a moderate level. This pattern suggests that participants have developed a functional level of psychological adaptation in managing life with HIV. Moderate scores may represent a realistic stage of adjustment commonly observed in individuals living with chronic health conditions, where psychological adaptation develops gradually over time rather than reaching an immediate optimal level (Abrams et al., 1994; Beers et al., 2025).

The predominance of moderate self-acceptance indicates that most participants were able to acknowledge and accept their HIV status to a certain extent. However, the distribution also suggests that self-acceptance remains an ongoing developmental process. Consistent with previous research, self-acceptance is understood as a dynamic construct shaped by personal experiences and social interactions (Călin & Tasente, 2022; Aprilia & Khoiryasdien, 2024). For PLHIV, exposure to stigma and negative labeling may complicate this process and influence the degree to which acceptance becomes internalized (Fox & Earnshaw, 2022; Nascimento & Leão, 2019).

A similar pattern was observed for resilience. Most participants demonstrated moderate resilience, indicating sufficient adaptive capacity to cope with psychosocial stressors. Contemporary perspectives conceptualize resilience as a multidimensional process influenced by both internal psychological resources and environmental factors (Fang et al., 2024; Liu & Duan, 2023). The moderate resilience levels observed in this study may therefore reflect the interaction between individual coping capacities and contextual support within the community setting.

Regarding the relationship between self-acceptance and resilience, the analysis revealed a small positive correlation that did not reach statistical significance. The effect size indicated that self-acceptance accounted for approximately 6.3 percent of the variance in resilience. This finding suggests that self-acceptance may contribute to resilience, but its influence appears limited within this sample. The absence of statistical significance should not be interpreted as evidence of no relationship, but rather as an indication that the association was relatively weak in magnitude.

These results are consistent with multidimensional models of resilience, which emphasize that adaptive functioning is rarely determined by a single psychological factor. Previous studies highlight the importance of social support and environmental resources in sustaining resilience among individuals facing chronic illness and social marginalization (Chang et al., 2023; Milder et al., 2023). However, the present study did not directly measure these contextual variables. Therefore, conclusions regarding their influence should remain cautious.

In the context of Yayasan Gaya Celebes, ongoing community-based accompaniment and peer interaction may help maintain resilience at a functional level. Nevertheless, given the small effect size observed, resilience in this setting cannot be attributed primarily to self-acceptance alone. It is likely shaped by multiple psychological and contextual dimensions.

From an Islamic psychological perspective, acceptance is often associated with the concept of *sabr* and conscious acknowledgment of life circumstances. The moderate levels of self-acceptance observed in this study may reflect an ongoing process of

meaning-making rather than complete psychological resolution. However, the small and non-significant correlation suggests that spiritual or religious acceptance alone may not directly translate into higher resilience without additional psychological and social resources.

Several limitations should be considered when interpreting these findings. The relatively small sample, drawn from a single community organization, may constrain the broader applicability of the results. Moreover, the absence of potentially relevant variables, including perceived stigma, social support intensity, duration since diagnosis, economic conditions, and access to healthcare, may have influenced the strength of the observed association.

Taken together, the findings indicate that moderate levels of self-acceptance and resilience represent a realistic form of psychological adaptation among PLHIV in a community-based setting. Although the theoretical framework proposed a significant positive association between the two variables, the empirical results demonstrated only a small and non-significant relationship. This suggests that self-acceptance may function as a supportive psychological resource rather than a primary determinant of resilience. The limited magnitude of the association indicates that resilience in this context is likely shaped by multiple interacting influences rather than a single internal factor.

From a broader analytical perspective, resilience among PLHIV appears to emerge from a constellation of psychological and contextual dimensions. The moderate levels of both constructs, combined with the small effect size, reinforce the importance of situating individual psychological processes within their social and cultural environments. Future research employing larger samples and incorporating variables such as perceived stigma, social support intensity, and spiritual coping may provide a more comprehensive explanatory model of resilience in community-assisted settings.

## CONCLUSION

This study examined the relationship between self-acceptance and resilience among 53 People Living with HIV (PLHIV) assisted by Yayasan Gaya Celebes in Makassar. The descriptive results indicate that most participants demonstrated moderate levels of both self-acceptance and resilience, reflecting a functional but not fully optimal form of psychological adaptation within a community-based accompaniment context. These findings suggest that PLHIV are generally able to cope with their life circumstances, although there remains room for further psychological and social strengthening.

Inferential analysis showed a positive but non-significant relationship between self-acceptance and resilience ( $r = 0.251$ ;  $p > 0.05$ ), despite the fulfillment of the linearity assumption. This result indicates that self-acceptance alone does not function as a dominant predictor of resilience among PLHIV in this setting. Rather, resilience appears to be shaped by a combination of factors, including social and contextual influences that extend beyond individual psychological resources. This finding reinforces the importance of viewing resilience as a context-sensitive and socially embedded process.

Based on these results, community-based accompaniment programs for PLHIV are encouraged to move beyond individual-focused psychological approaches by strengthening peer support, stigma reduction initiatives, and continuous psychosocial

assistance within local community environments. Integrating self-acceptance enhancement with social and spiritual support may provide a more comprehensive pathway to fostering resilience. For future research, it is recommended to involve larger samples, include external variables such as perceived stigma and social support, and employ longitudinal or mixed-method designs to better capture the dynamic nature of resilience among PLHIV.

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