



Group Positive Psychotherapy to Improve Social Self-efficacy in Housewives Living with HIV

Cory Magdalena and Nida UI Hasanat*

Faculty of Psychology, Universitas Gadjah Mada, Indonesia

*Author for correspondence: Email: nida@ugm.ac.id

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Abstract

Housewives living with HIV are a vulnerable group that is often marginalized in society. This study examined the effects of group positive psychotherapy on improving the social self-efficacy of housewives living with HIV, which is essential for them to access necessary psychosocial services. Participants in this study were 7 housewives aged 28 to 37 year-old with HIV in Yogyakarta, selected using referral sampling. The quasi-experimental study employed a one-group pretest-posttest design using a double pretest. The group positive psychotherapy- called the ADAPTIF (I Can Be Positive) Program in this study, consisted of six sessions conducted twice a week. The instruments used were the Social Self-Efficacy Scale, modified from the Perceived Social Self-Efficacy Scale, and the Positive Psychotherapy Inventory (PPTI). The researcher used Wilcoxon's signed-rank test to conduct data analysis. Results showed that Group Positive Psychotherapy significantly improved participants' social self-efficacy ($z = -2.028$; $p < 0.05$).

Keywords: group positive psychotherapy; housewives living with HIV; social self-efficacy

Human Immunodeficiency Virus (HIV) is a global health problem with a growing number of cases. At the time of the study, there were approximately 36.7 (34-39.8) million people living with HIV worldwide (World Health Organization [WHO], 2016), and this figure increased to 39.0 (33.1-45.7) million in less than a decade (World Health Organization, 2023). Meanwhile, the cumulative number of reported HIV cases in Indonesia is 377,650 (Kementerian Kesehatan Republik Indonesia [The Ministry of Health], 2023). HIV case finding data in the Special Region of Yogyakarta at the time of the study was recorded at 3,598 (Ministry of Health, 2016) and increased to 8,605, based on newer data (Kementerian Kesehatan Republik Indonesia [The Ministry of Health], 2023). Kementerian Kesehatan Republik Indonesia [The Ministry of Health] (2023) stated that data on new HIV infections in the population aged 15 years and over in Indonesia from 2005-2024 showed that the number of cases in low-risk women actually increased. Biologically, women are more vulnerable to HIV infection through heterosexual intercourse than men (Maje, 2019). Furthermore, gender inequality contributes to women's vulnerability to HIV infection (Munro, 2023). Socio-economic norms and customs in society that still place women below men as breadwinners in the family and unsafe sexual behavior of husbands limit the ability of housewives especially women with no income to negotiate safe sex (Hasanah & Sulistiadi, 2019; Silitonga et al., 2021; Trisianto & Setiawati, 2022).

HIV-related stigma and discrimination against people living with HIV (PLHIV) in Yogyakarta still occur within families, communities, and even among healthcare providers. This condition can cause PLHIV to hide their HIV status and isolate themselves, hindering access

healthcare facilities (Fauk et al., 2021). Another study also found high rates of intimate partner violence against women with HIV (Alemie et al., 2023).

Important for housewives with HIV not to isolate themselves and to seek the necessary help. An individual's belief in their own ability to engage in social interaction tasks, which are necessary for establishing and maintaining interpersonal relationships called social self-efficacy. Bandura (1997) defined self-efficacy as a belief in one's own ability to organize and conduct activities to achieve desired goals. There are various types of self-efficacy that refer to different situations, including social, academic, technological self-efficacy – this study focused on social self-efficacy. Self-efficacy impacts daily activities, with individuals avoiding activities and situations if they do not think that they are ready, and choosing activities and situations they feel capable enough to face or handle easily. Increased self-efficacy in women with HIV can also increase adherence to ARV therapy (Andini et al., 2019).

Social self-efficacy includes being confident in one's ability to: (1) initiate friendships, (2) present oneself in public, (3) be assertive in social situations, (4) join groups or social events, and (5) give and receive help (Smith & Betz, 2000). Many studies on social self-efficacy have been conducted on adolescents (Bhave et al., 2023; Can & Kalkan, 2022; Fatemi et al., 2024; Gazo et al., 2020; Kartikarini & Purwanti, 2022; Kjolruka, 2020; Navarro et al., 2022; Navarro et al., 2024). The uniqueness of this study compared to previous social self-efficacy research is that it was conducted based on gender and a specific medical condition, namely housewives with HIV.

An initial overview of social self-efficacy in housewives with HIV in Yogyakarta was obtained by conducting a pre-



liminary study using a Focused Group Discussion (FGD), which was joined by five volunteers. The FGD participants were members of a peer support group at a foundation in Yogyakarta. All participants expressed that they often felt afraid and were not ready to others' reactions about their health condition. When interacting socially in daily life, all FGD participants often felt awkward and thought they might be suspected of being PLHIV. Their fears included being rejected, blamed, and ostracized. Additionally, there was discomfort about being considered sick and receiving excessive attention. This fear and discomfort made the participants, namely housewives with HIV, feel hesitant about and even limit social interactions. Positive psychotherapy is a psychological therapy that focuses on empowering individuals based on their personal strengths (Seligman, 2002), aiming at increasing social self-efficacy. Positive psychotherapy helps housewives with HIV realize and use their positive potential in difficult times (Rashid, 2014), such as uncertainty in accepting reactions from people (Fabianova, 2011) in their social environment.

Positive group psychotherapy provides a space for individuals to learn from others' experiences in an enjoyable way, making it easier to understand different perspectives and feelings, thereby increasing involvement in social relationships (Brownell et al., 2014). Various studies have shown that positive group psychotherapy can help women with depression-related conditions (Kazemi et al., 2020; Khalili et al., 2022; Nader, 2023) and reduce self-stigma (Vigar & Sahrani, 2022). It has also been effective in increasing resilience (Yunanto & Hasanat, 2019), happiness (Khostarina et al., 2022; Rastad et al., 2021), a meaningful and enjoyable life (Khoshnood et al., 2019), and the psychological well-being of PLHIV (Nasrah et al., 2023) and ODAPUS (people with lupus) (Irsyadiyah et al., 2019).

This study aimed to test whether positive group psychotherapy, which was named the ADAPTIVE Group Program (I Can Be Positive) in this study, could increase social self-efficacy in housewives with HIV. The hypothesis was that positive group psychotherapy in the form of the ADAPTIVE Group Program (I Can Be Positive) could increase the social self-efficacy of housewives with HIV. The results are expected to be useful for practitioners, such as clinical psychologists, and future researchers.

1. Methods

1.1 Participants

The inclusion criteria for participants were: housewives with HIV (infected through heterosexual intercourse), aged 25-40 years, able to speak Indonesian (oral and writing), willing to participate in the study, and having a contactable phone number. Exclusion criteria included experiencing severe physiological or psychological disorders and having indications of suicide. The researcher obtained seven participants through referral sampling (Evans & Rooney, 2008), specifically recommendations (referrals) from peer mentors at the X Foundation in Yogyakarta.

1.2 Design

This study used a quasi-experimental one-group pretest-posttest design with a double pretest (Shadish et al., 2002) as described in Table 1.

Table 1
Experimental Design

O ₁ ^a	O ₂ ^b	X _c	O ₃ ^c
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^aPretest 1, ^bPretest 2, ^cTreatment, ^cPosttest

The dependent variable, social self-efficacy, was measured using the Social Self-Efficacy Scale in the pretest (O¹ and O²) and posttest (O³). The independent variable was positive group psychotherapy (X) as the treatment in this study.

1.3 Measuring Instruments

The Social Self-Efficacy Scale in this study is a modified and tested version of the Perceived Social Self-Efficacy Scale (PSSE) (Smith & Betz, 2000). This scale measures individual social self-efficacy in adulthood based on five of the six dimensions of the PSSE. Researchers excluded the romantic relationship dimension due to cultural differences in the benchmarks for building romantic relationships between the country where the scale was originally developed and Indonesia. The five dimensions used were: 1) starting friendships, 2) presenting oneself in public, 3) being assertive in social situations, 4) joining groups or social events, and 5) giving and receiving help.

The scale has five levels of response: 1 (not at all confident), 2 (less confident), 3 (quite confident), 4 (confident), and 5 (very confident). It underwent an expert judgment process, including qualitative evaluation (suggestions for improvement) and quantitative assessment (rating) of each item by 20 experts. The content validity coefficient of Aiken's V averaged 0.82. The scale reliability test produced a Cronbach's α value of 0.918 and the item discrimination power ranged between 0.260 and 0.677, with a minimum correlation coefficient of 0.250.

1.4 Positive Psychotherapy Inventory (PPTI)

The Positive Psychotherapy Inventory (PPTI) is used to measure the effectiveness of positive psychotherapy (Magyar-Moe, 2009). This scale is based on three components of positive psychotherapy: engagement, positive emotions, and meaning. The PPTI consists of 21 items with four response options. Each item's score ranges from 0 to 3. The total score, ranging from 0 to 63, indicates the level of engagement in life and the extent to which one has a pleasant and meaningful life. The content validity coefficient of Aiken's V for the items ranges from 0.61 to 1.00, with an average of 0.8 (Retnowati et al., 2015).

1.5 Intervention

Positive group psychotherapy in the form of the Adaptive Program (I Can Be Positive) was an intervention administered to housewives with HIV in this study. The intervention consisted of six sessions, each lasting 120 minutes and held twice a week. The ADAPTIVE module (see Table 2) was the researcher's modification of the Positive Psychotherapy Implementation Guidebook compiled by Retnowati et al. (2015). The modifications included replacing several terms ('instruction' with 'guide', 'brother-sister' with 'Mba' or 'Madame', 'ice-breaking' with 'introductory activities', and 'home assignment' with 'implementation

at home'), changing the type of introductory activity, and altering the main activity of session 3 from reading a biography to watching a short film about a life story. The intervention was conducted by one facilitator with the following qualifications: (1) clinical psychologist; (2) understanding of positive group psychotherapy; (3) understanding of HIV/AIDS; and (4) willingness to work 4-6 hours a week.

1.6 Data Analysis

Scores from the Social Self-Efficacy Scale and Positive Psychotherapy Inventory (PPTI) were analyzed statistically using the Wilcoxon signed-rank test, a non-parametric comparison test. The Wilcoxon signed-rank test compares the scores of participants in the same group in two different situations (Field et al., 2012). The test compared the following sets of data: (1) Pretest 1 and Pretest 2, where no differences were expected; and (2) Pretest 2 and Posttest, where an increase in scores was expected.

2. Result

2.1 Participant Characteristics

Participants were seven housewives with HIV (see Table 3), aged 28-37 years, ranging from elementary school graduates to college graduates. Two participants had been diagnosed with HIV for more than 5 years at the time of the study. Five participants were married and had children, two were divorced, and one did not have children. Participants were domiciled in the areas of Sleman, Gunung Kidul, and Yogyakarta City. See Table 2 and 3

2.2 Social Self-Efficacy

There was a 8.1-point difference between the average Social Self-Efficacy score of the first measurement (Pretest 1 = 51.8) and the second measurement (Pretest 2 = 43.7). Furthermore, the Pretest 1 and Pretest 2 scores were analyzed using the Wilcoxon signed-rank test. The analysis results of the comparison test showed that before the treatment was given, there was no significant difference between the Social Self-Efficacy score of the first measurement (Pretest 1) and the second measurement (Pretest 2), with a $Z = -1.572$ ($p > 0.05$).

The difference in mean score between the measurement results of the Social Self-Efficacy score before (Pretest 2 = 43.7) and after (Posttest = 69.0) the treatment was 25.3 points. The results of the comparative test analysis using the Wilcoxon signed-rank test showed an increase in the Social Self-Efficacy score after the participants were given the treatment, with $Z = -2.028$ ($p < 0.05$). The mean score of all participants is shown in Figure 1.

2.3 Manipulation Checks (Positive Psychotherapy Inventory)

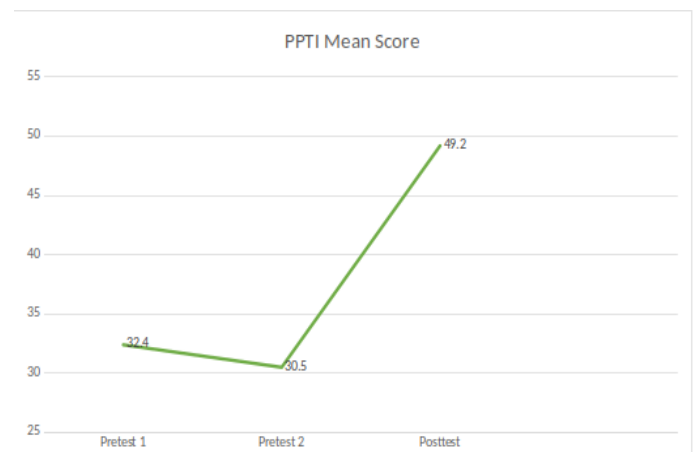
There was a 1.9-point difference between the mean PPTI score of the first measurement (Pretest 1 = 32.4) and the second measurement (Pretest 2 = 30.5). Analysis of the Pretest 1 and Pretest 2 scores using the Wilcoxon signed-rank test showed that before the treatment was given, there was no significant difference between the PPTI scores in the first (Pretest 1) and second (Pretest 2) measurements, with $Z = -0.851$ ($p > 0.05$).

The difference in the mean score of the manipulation check between before (Pretest 2 = 30.5) and after (Posttest = 49.2) the treatment was 18.7 points. The results of the comparative test analysis using the Wilcoxon signed-rank test showed an increase in PPTI scores after participants were given treatment, with $Z = -2.366$ ($p < 0.05$). The graph of the mean score of the manipulation check measurement before and after treatment is presented in Figure 2.

Figure 1
Mean Score of Social Self-efficacy



Figure 2
Mean Score of PPTI



The absence of significant difference between PPTI scores before treatment and an increase in PPTI scores after treatment indicated that positive group psychotherapy as a form of manipulation in this study worked effectively on the participants. The results of the manipulation check ensured that the increase in participants' social self-efficacy was caused by the treatment.

Changes in participant behaviors as an indication of increased social self-efficacy in the intervention were seen in Pipi, Nini, and Nana. Pipi initially gave more responses and suggestions to other participants; in the final session, she was able to tell more about herself. Nini initially did

Table 2
Description of Group Positive Psychotherapy Activities

Session	Activity	Success Indicator
Developing the best strengths within	Opening Rapport Building Introductory Activity of Session 1 Main Activity of Session 1 Evaluation for Session 1 and Discussing Implementation of Session 1 Closing	Participants could find strengths in themselves. Participants could understand 5 Key Virtues. Participants could understand how to develop their strengths
	Opening Session 1 Review and Sharing Experience of Session 1 Implementation Introductory Activity Session 2 Main Activity of Session 2 Evaluation for Session 2 and Discussing Implementation of Session 2 Closing	Participants could implement knowledge gained in Session 1. Participants could note three good things that happened to them. Participants could find meanings from three good things that happened to them.
Finding three good things	Opening Session 2 Review and Sharing Experience of Session 2 Implementation Introductory Activity of Session 3 Main Activity of Session 3 Evaluation for Session 3 and Discussing Implementation of Session 3 Closing	Participants could implement knowledge gained in Session 2. Participants could imagine their lives. Participants could write the best life story.
	Opening Session 3 Review and Sharing Experience of Session 3 Implementation Introductory Activity of Session 4 Main Activity of Session 4 Evaluation for Session 4 and Discussing Implementation of Session 4 Closing	Participants could implement knowledge gained in Session 3. Participants could recall kindness received from others. Participants could write a thank you letter for someone.
Creating the best life story to remember	Opening Session 3 Review and Sharing Experience of Session 3 Implementation Introductory Activity of Session 4 Main Activity of Session 4 Evaluation for Session 4 and Discussing Implementation of Session 4 Closing	Participants could implement knowledge gained in Session 3. Participants could recall kindness received from others. Participants could write a thank you letter for someone.
	Opening Session 3 Review and Sharing Experience of Session 3 Implementation Introductory Activity of Session 5 Main Activity of Session 5 Evaluation for Session 5 and Discussing Implementation of Session 5 Closing	Participants could implement knowledge gained in Session 4. Participants could understand four ways to respond others actively and constructively. Participants could implement four ways to respond others actively and constructively.
Expressing gratitude	Opening Session 3 Review and Sharing Experience of Session 3 Implementation Introductory Activity of Session 5 Main Activity of Session 5 Evaluation for Session 5 and Discussing Implementation of Session 5 Closing	Participants could implement knowledge gained in Session 4. Participants could understand four ways to respond others actively and constructively. Participants could implement four ways to respond others actively and constructively.
Respond actively and constructively to others' stories	Opening Session 3 Review and Sharing Experience of Session 3 Implementation Introductory Activity of Session 5 Main Activity of Session 5 Evaluation for Session 5 and Discussing Implementation of Session 5 Closing	Participants could implement knowledge gained in Session 4. Participants could understand four ways to respond others actively and constructively. Participants could implement four ways to respond others actively and constructively.

Table 3
Characteristics of Participants

Pseudonym	Age (years old)	Education Level	Status	Domicile	Diagnosed with HIV
Pipi	33	High School	Married, has 1 child	Gunung Kidul	1999
Haha	34	Diploma	Divorced (dead), has 2 children	Sleman	May 2016
Titi	37	Junior High School	Married, has 3 children	Sleman	October 2015
Vava	28	Bachelor's	Married, has 2 children	Sleman	January 2017
Nini	33	Elementary School	Divorced (alive), no children	Yogyakarta	November 2016
Nona	33	Junior High School	Married, has 3 children	Yogyakarta	2015
Nana	32	Junior High School	Married, has 2 children	Yogyakarta	2000

not dare to pass through the security gate and always asked the researcher to pick her up, but in the last session, she came and was able to go through the security post without having to ask the researcher's assistance. Nana had started to open up about herself in Session 4, even though previously she had listened more to other participants' stories.

Changes in behavior that reflect increased social self-efficacy in daily life (during the participants' participation in the intervention process) were expressed by Haha, Titi, Vava, and Nona. Haha initially often displayed defensive behavior and had difficulty accepting help from others; in the final session, she revealed that she began to accept help offered to her. Titi initially often stayed at home, but she became braver in interacting with neighbors and participating in social activities in her neighborhood. Vava initially tended to be aggressive in communicating; she became more assertive and intended to have more friends. Nona shared her experience of attending a committee event; previously, she had never participated in any activities outside her home.

3. Discussion

Positive psychotherapy can affect an individual's feelings towards themselves and others and, at the same time, increase self-confidence (Hojati et al., 2024). Participants who were diagnosed with HIV earlier than other participants (Pipi, Nana) initially seemed to limit their involvement in the group process. After several sessions, the two participants began to talk about their personal lives. Participants who were initially shy and afraid and avoiding daily social situations began to want to show themselves (Nini, Pipi, Nona) and even started groups or social events (Pipi, Nona). Additionally, participants realized that they were valuable (in Sessions 1 and Session 4), capable (in Sessions 1, 3, 5), had good opportunities in their lives (in Sessions 2 and Session 6), and recalled the happiness of having friends during stressful events (in Sessions 6 and Session 4).

Positive psychotherapy in this study was presented as a group therapy that offered therapeutic factors (Yalom & Leszcz, 2005). These factors mainly the sense of togetherness, information and support exchanges, opportunities to socialize in the group, interpersonal learning and feedback, and the formation of group cohesiveness through a commitment to attend each session and openness to express both positive and negative feelings freely. These factors support the success of psychotherapy. Positive group psychotherapy helps participants improve their social skills (Seligman et al., 2006). Participants who initially seemed dominant and displayed defensive (Nana) and aggressive (Vava) characteristics became more flexible in socializing in the intervention group after Session 3. The two participants also reported receiving feedback to showcase a more understanding attitude from group members, namely from their partner (Vava) and friends (Haha).

Therapeutic factors can be found at every stage of positive group psychotherapy. The stages of group therapy consist of preparation, transition, group work, and termination (Prawitasari, 2011). In the preparation and transition stages, newly diagnosed participants were more active in socializing and expressing their feelings in the

group than participants who had been diagnosed for a longer time. All participants interact evenly in the group at the group work stage until termination. The desire to cooperate during the intervention process is an important factor that supports the success of psychotherapy (Corsini & Wedding, 2011).

Researchers fostered interest in participating in the Adaptive Program by conveying initial information to the outreach team from the foundation, who forwarded the information and referred prospective participants. In addition to the involvement of the outreach team in inviting participants, an explanation of the program description; including an adjustable schedule, location, parties involved, and a guarantee of confidentiality; was key to participants' willingness to be referred to the researchers.

Strategies to maintain participant motivation during the program series included deciding on the time for the next session after each session, asking about obstacles related to technical attendance, and discussing alternative solutions that are feasible for participants. Participants demonstrated behaviors that showed they truly trying to overcome limitations in transportation and their busy lives as housewives. Participants who could not use their own vehicles sought help from family members or public transportation to get to the intervention location. Participants also asked for family help to take care of housework, such as taking care of their children or their businesses while they attended group psychotherapy sessions.

Social self-efficacy is influenced by spiritual values and religious beliefs (Bandura, 1997). "...I believe that there is a silver lining in all of this." (Nini, Session 3). "No matter how bitter it is, I go through it with sincerity and patience because God never tries His subordinates outside of their capabilities" (Nini, Session 4). "God still gives us opportunities to do good" (Haha, Session 2). "Thank God, I'm still allowed the opportunity to be here, undergoing this is not easy but God still gives me strength" (Haha, Session 3).

Individual status in the environment is a factor that can influence self-efficacy (Bandura, 1997). Titi, a participant who lived in a polygamous household, reported the lowest social self-efficacy score before the intervention. After completing all the intervention sessions, Titi experienced an increase in social self-efficacy.

External incentives (Bandura, 1997) in the form of appreciation from others are factors that influence the increase in social self-efficacy. "My neighbors said it's surprising for me to walk around with my children and then invited me over to their homes" (Titi, Session 5). "My husband asked me to go with him, he was surprisingly not fussy, unlike the usual... he usually does not want to accompany me, but earlier he wanted to... he was surprisingly willing to chaperone me and pick up the children later" (Vava, Session 6).

Women living with HIV are a vulnerable group, tend to be marginalized in society (Lubega et al., 2021), and have a greater psychological burden compared to the general population, women without HIV, and men living with HIV (Waldron et al., 2021). The results of this study contribute to the types of interventions that can be applied in the professional practice of clinical psychologists for patients with conditions similar to the participants, which

is a strength of this study. This study was limited to describing the circumstances of the participants only and cannot be generalized to housewives with HIV in general.

4. Conclusion

The results of this study indicated that group positive psychotherapy, in the form of the ADAPTIF Group Program (I Can Be Positive), could increase social self-efficacy in housewives with HIV. Changes in participant behavior were observed both during the group process and daily life throughout the psychotherapy sessions. Improving social self-efficacy opens up greater opportunities for housewives with HIV to receive psychosocial support in their daily lives. Readiness and willingness to change, therapeutic factors of group therapy, spirituality, and appreciation are factors that support the success of the intervention.

4.1 Recommendation

Future researchers are advised to further discuss the more effective methods in delivering the 5 Key Virtues with mental health practitioners and other researchers so that they are more easily understood. For practitioners, Group Positive Psychotherapy as in the form of the ADAPTIF Group Program (I Can Be Positive) can be considered as a program therapy in improving social self-efficacy in patients with conditions similar to the participants of this study.

5. Declaration

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5.3 Author's Contribution

The first author was responsible for planning and conducting the research, as well as writing the manuscript. The second author provided guidance during the research process, as well as assistance and input in manuscript writing.

5.4 Conflict of Interest

Authors declare no conflict of interest in the research and manuscript writing.

5.5 Orcid ID

Cory Magdalena  <https://orcid.org/0009-0003-2822-5754>

Nida Ul Hasanat  <http://orcid.org/0000-0002-8409-6278>

References

- Alemie, A. S., Yeshita, H. Y., Zeleke, E. G., & Mekonnen, B. D. (2023). Intimate partner violence and associated factors among hiv positive women attending antiretroviral therapy clinics in gondar city, northwest ethiopia. *BMC Women's Health*, 23(1). <https://doi.org/10.1186/s12905-023-02193-7>
- Andini, S., Yona, S., & Waluyo, A. (2019). Self-efficacy, depression, and adherence to antiretroviral therapy (art) among indonesian women with hiv. *Enfermería Clínica*, 29, 687–690. <https://doi.org/10.1016/j.enfcli.2019.04.105>
- Bandura, A. (1997). *Self-efficacy : The exercise of control*. Prentice Hall.
- Bhave, S. Y., Adsul, S., Nanda, S., Satija, T., Mota, J., & Sovani, A. (2023). 'I am enough!' study of social self-efficacy in female AYA college students. *Journal of Psychology & Clinical Psychiatry*, 14(6), 202–213. <https://doi.org/10.15406/jpcpy.2023.14.00752>
- Brownell, T., Schrank, B., Jakaite, Z., Larkin, C., & Slade, M. (2014). Mental health service user experience of positive psychotherapy. *Journal of Clinical Psychology*, 71(1), 85–92. <https://doi.org/10.1002/jclp.22118>
- Can, N., & Kalkan, B. (2022). Adaptation of the turkish language version of the inventory of new college student adjustment: The roles of resilience and social self-efficacy in college adjustment. *International Journal of Contemporary Educational Research*, 8(2), 1–12. <https://doi.org/10.33200/ijcer.747467>
- Corsini, R. J., & Wedding, D. (2011). *Current psychotherapies* (9th ed.). Brooks Cole.
- Evans, A. N., & Rooney, B. J. (2008). *Methods in psychological research*. Sage Productions.
- Fabianova, L. (2011). Psychosocial aspects of people living with hiv/aids. In G. Letamo (Ed.), *Social and psychological aspects of hiv/aids and their ramifications*. IntechOpen. <https://doi.org/10.5772/21148>
- Fatemi, M., Bakhtiarpour, S., & Hafezi, F. (2024). Does social self-efficacy act as a mediator in the relationship between parental control and social anxiety? *Journal of Psychologists and Counsellors in Schools*, 34(2), 197–210. <https://doi.org/10.1177/20556365241239130>
- Fauk, N. K., Ward, P. R., Hawke, K., & Mwanri, L. (2021). Hiv stigma and discrimination: Perspectives and personal experiences of healthcare providers in yogyakarta and belu, indonesia. *Frontiers in Medicine*, 8. <https://doi.org/10.3389/fmed.2021.625787>
- Field, A., Miles, J., & Field, Z. (2012). *Discovering statistics using r. university of sussex*. Sage Publications. <https://hdl.handle.net/10779/uos.23384162.v1>
- Gazo, A., Mahasneh, A., Abood, M., & Muhediat, F. (2020). Social self-efficacy and its relationship to loneliness and internet addiction among hashemite university students. *International Journal of Higher Education*, 9(01), 144. <https://doi.org/10.5430/ijhe.v9n2p144>
- Hasanah, H., & Sulistiadi, W. (2019). Hiv/aids infection among housewives in asia: A systematic review. *Promoting Population Mental Health and Well-Being*, 219–228. <https://doi.org/10.26911/theicph.2019.02.38>
- Hojati, A., Afsharina, K., Hosseini, S., & Arefi, M. (2024). Comparison of the effectiveness of positive psychotherapy and emotion-focused therapy on attachment patterns, communication patterns, and lifestyle of incompatible couples. *Applied Family Therapy Journal*, 5(3), 199–211. <https://doi.org/10.61838/kman.ajtj.5.3.21>
- Irsyadiyah, A. U., Siswadi, A. G. P., & Wardhani, N. (2019). Application of group positive psychotherapy(gppt) to increasing well being in women with systemic lupus erithematosus (sle). *PSIKODIMENSIA*, 18(2), 144. <https://doi.org/10.24167/psidim.v18i2.2247>
- Kartikarini, R. K., & Purwanti, M. (2022). Gambaran social self-efficacy, self-disclosure, dan status pertemanan pada mahasiswa baru. *Persona:Jurnal Psikologi Indonesia*, 11(1), 20–40. <https://doi.org/10.30996/persona.v11i1.6142>
- Kazemi, A., Golparvar, M., & Atashpour, H. (2020). Comparison of the effect of mindful self-acceptance therapy and positive psychotherapy on affective capital of female students with depression. (2), 198–208. <https://www.magiran.com/paper/2148031>
- Kementerian Kesehatan Republik Indonesia [The Ministry of Health]. (2023). *Laporan perkembangan hiv-aids & penyakit infeksi menular seksual (pims) triwulan i tahun 2023 ditjen Pencegahan dan Pengendalian Penyakit kemenkes ri [report on the development of hiv-aids & sexually transmitted infectious diseases (pims) quarter i of 2023 directorate general of disease prevention and control ministry of health ri]*. https://hivaid-s-pimsindonesia.or.id/download/file/LaporanTW_I_2023.pdf
- Khalili, D., Khalili, N., & Jafari, E. (2022). Effectiveness of positive psychotherapy on depression and alexithymia in women

- applying for a divorce. *Depression Research and Treatment*, 2022, 1–8. <https://doi.org/10.1155/2022/8446611>
- Khoshnood, Z., Saeedi, B., Dehghan, M., Abazari, F., & Saeedi, A. (2019). The effect of positive psychotherapy on the meaning of life in patients with cancer: A randomized clinical trial. *Indian Journal of Palliative Care*, 25(2), 210. https://doi.org/10.4103/ijpc.ijpc_171_18
- Khostarina, T., Sartika, D., & Diantina, F. P. (2022). Pengaruh pemberian positive psychotherapy untuk meningkatkan happiness pada mahasiswa dengan latar belakang broken home di kota bandung [the effect of providing positive psychotherapy to increase happiness in students from broken home backgrounds in the city of bandung]. *Schema: Journal of Psychological Research*, 11–17. <https://doi.org/10.29313/schema.v0i0.5004>
- Kjorluka, M. K. (2020). Character strengths and social self-efficacy among university students in north macedonia. <https://doi.org/10.5281/ZENODO.4393650>
- Lubega, P., Nakakawa, F., Narciso, G., Newman, C., Kaaya, A. N., Kityo, C., & Tumuhimise, G. A. (2021). Body and mind: Experimental evidence from women living with hiv. *Journal of Development Economics*, 150, 102613. <https://doi.org/10.1016/j.jdeveco.2020.102613>
- Maje, L. (2019). *Association of vaginal practice to bacterial vaginosis among adolescent girls and young women in south africa: A risk for hiv acquisition* (Doctoral dissertation). Dissertation, Simon Fraser University.
- Munro, J. (2023). West papuan 'Housewives' with HIV: Gender, marriage, and inequality in Indonesia. *Asian Studies Review*, 48(1), 121–139. <https://doi.org/10.1080/10357823.2023.2188580>
- Nader, M. (2023). Positive psychotherapy's effectiveness in lowering depression in women with hypothyroidism. *Research Journal of Management Reviews*, 9(1), 11–19.
- Nasrah, Suweni, K., Maay, J. K., Arifin, S. R., & Yousuf, A. (2023). Application of group positive psychotherapy to improve psychological well-being for people with hiv in papua. *Bali Medical Journal*, 12(1), 261–266. <https://doi.org/10.15562/bmj.v12i1.3960>
- Navarro, V. S., Diego, D.-M., Luna, S., & Velo, S. (2022). Study of the psychometric properties of the social self-efficacy scale with spanish adolescents by gender, age and family socioeconomic level. *Healthcare*, 10(6), 1150. <https://doi.org/10.3390/healthcare10061150>
- Navarro, V. S., Gaspar, T., Moreno-Maldonado, C., Moreno-Maldonado, & de Matos, M. G. (2024). The social self-efficacy scale for spanish and portuguese (13–18-year-olds) adolescents: Psychometric properties and measurement invariance. *Journal of Psychoeducational Assessment*, 42(5), 570–587. <https://doi.org/10.1177/07342829241241923>
- Rashid, T. (2014). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology*, 10(1), 25–40. <https://doi.org/10.1080/17439760.2014.920411>
- Rastad, Z., Golmohammadian, M., Jalali, A., Kaboudi, B., & Kaboudi, M. (2021). Effects of positive psychology interventions on happiness in women with unintended pregnancy: Randomized controlled trial. *Heliyon*, 7(8), e07789. <https://doi.org/10.1016/j.heliyon.2021.e07789>
- Retnowati, S., Anjarsari, N. D., & Tanau, M. U. (2015). *Positive psychotherapy untuk mahasiswa [positive psychotherapy for students]* (Laporan Hibah Penelitian). Fakultas Psikologi Universitas Gadjah.
- Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Free Press.
- Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61(8), 774–788. <https://doi.org/10.1037/0003-066x.61.8.774>
- Silitonga, H. T. H., Adrianto, H., Wartiningsih, M., & Angriyanto, C. C. (2021). Profiles of housewives with hiv in surabaya. *Review of Primary Care Practice and Education (Kajian Praktik dan Pendidikan Layanan Primer)*, 4(1), 10. <https://doi.org/10.22146/rpcpe.55948>
- Smith, H. M., & Betz, N. E. (2000). Development and validation of a scale of perceived social self-efficacy. *Journal of Career Assessment*, 8(3), 283–301. <https://doi.org/10.1177/106907270000800306>
- Tristanto, A., & Setiawati, S. (2022). Gender inequality contributes to women's vulnerability to hiv during the covid-19 pandemic. *Proceedings of the 1st International Conference on Gender, Culture and Society, ICGCS 2021, 30-31 August 2021, Padang, Indonesia*. <https://doi.org/10.4108/eai.30-8-2021.2316263>
- Vigar, L. S., & Sahrani, R. (2022). Efektivitas psikoterapi positif kelompok dalam menurunkan self-stigma pada pengidap gagap di indonesia [the effectiveness of group positive psychotherapy in reducing self-stigma in people with stuttering in indonesia]. *Jurnal Muara Ilmu Sosial, Humaniora, dan Seni*, 6(1), 182. <https://doi.org/10.24912/jmishumsen.v6i1.11908.2022>
- Waldron, E. M., Burnett-Zeigler, I., Wee, V., Ng, Y. W., Koenig, L. J., Pederson, A. B., Tomaszewski, E., & Miller, E. S. (2021). Mental health in women living with hiv: The unique and unmet needs. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, 20. <https://doi.org/10.1177/2325958220985665>
- World Health Organization. (2023). *Hiv data and statistics*. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics>
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy*. Basic Books.
- Yunanto, T., & Hasanat, N. U. (2019). Group positive psychotherapy improves resilience of gay people living with hiv/aids. *Makara Human Behavior Studies in Asia*, 23(1), 113. <https://doi.org/10.7454/hubs.asia.1090519>