Social Support and Resilience in Women Who Have Infertility

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Abstract: Women are often positioned as the party most responsible for marriages that have not been blessed with children because normal women have a tendency to become real mothers and become pregnant. An infertile woman is considered as someone with an abnormality because it is related to her nature to conceive and give birth. The purpose of this study was to determine the effect of social support with resilience in women experiencing infertility. The research method uses a quantitative non-experimental. The sampling technique is nonprobability sampling with purposive sampling. The samples are 100 women who experienced infertility. The social support measure uses a theory Uchino with reliability 0.952, and resilience uses a theory of Grotberg with reliability 0.947. The results showed there was a positive and significant effect between social support and resilience (Y = 39,4 +0,995 X, Sig 0,00 and r 0,855). The dimensions of social support that have an influence on resilience are the emotional dimension, the instrumental dimension, and the friendship dimension, where the emotional dimension has the greatest relationship with resilience (r=0,815). Resilience among women experiencing infertility tends to be lower (53%) means they need social support especially on her emotions.

1   INTRODUCTION

Infertility is the failure of a partner to get pregnant after having sexual intercourse regularly for at least one year without using contraception (HIFERI, 2013). Infertility disorders can inhibit married couples who crave the presence of a baby. (Amalia, 2017). Hoose and Worth (in Grace, 2008) say social criticism is a result of women experiencing infertility. Couples who do not have children must be ready to face social criticism from child-oriented societies. In addition, there is also a group of people who encourage husbands to remarry with other women who can't provide children and even encourage divorce (Majidi in Grace, 2008).

Infertility has three types, namely primary infertility, secondary infertility, and idiopathic infertility. Primary infertility is a condition in which a partner fails to get pregnant at least within 12 months after routine sexual intercourse, without protective equipment for pregnancy. Secondary infertility is a condition when a person is unable to have children or maintain his pregnancy, and infertility with no known cause or so-called idiopathic infertility. (HIFERI, 2013). The efforts that can be done by women to overcome infertility problems such as taking drugs, hormone therapy, surgery or surgery, handling sexual problems through counseling, utilizing IVF techniques or Fertilization In Vitro (FIV), and so on (Adrian, 2018).

Married couples generally crave the presence of a child. The presence of a child in a marriage contains three elements of value, namely the value of benefits, psychological value, and social value the value of the benefits basically views the child as a provider of benefits, both economic or material benefits to parents, especially when parents have reached old age. Psychological values as a form of satisfaction include pleasure, pride, love, and friendship with children. And on social values, social acceptance is generally obtained when married couples have children. In addition, lineage sustainability is also seen as a social value (Hoffman in Kagitcibasi, 2009).

In a married couple whose child is not blessed, a woman is often positioned as the party most responsible, because normal women have two tendencies, namely the tendency to be a true mother and become pregnant (Kartono, 2007). This opinion is supported by Demartoto's research (2008) which revealed that due to strong gender biases in infertility cases, women tend to be blamed. A woman who experiences infertility is seen as an abnormality or

weakness of that person because it is closely related to her deterministic nature to conceive and give birth. Although a woman has a psychological life with true maternal qualities, for some reason women can become infertile or experience fertility problems (Kartono, 2007).

According to Grotberg (in Fave, 2006) said that the ability possessed to face, overcome, and become someone who is stronger over the difficulties faced is called resilience. People with high resilience look for new and challenging experiences because they learn that it can be passed through struggle, by pushing yourself to the limits of the ability to expand their horizons (Reivich & Shatte, 2002).

Septiani and Fitria (2016) in their study showed that low levels of stress in a person are influenced by high levels of resilience. On the other hand, when a person's level of resilience is low, the degree of stress in a person is high.

One factor that is thought to influence resilience is social support. Social relations appear vital for health and well-being (Cohen in Papalia et al, 2009). Marni and Yuniawati (2015) in their research revealed that there was a significant positive relationship between social support and self-acceptance in the elderly at the Dharma Budhi Dharma Nursing Home in Yogyakarta. The higher social support given and felt by the elderly will contribute to the high level of self-acceptance ability of the elderly at the Dharma Budhi Dharma Nursing Home in Yogyakarta. And the lower the social support that is felt or does not get social support will cause the elderly who are registered at the Wredha Budhi Dharma Yogyakarta Institution to have difficulty in living their lives so that they have low self-acceptance abilities. This is also in line with research Sargolzaei et al (2018) which shows that the higher social support felt by patients with HIV / AIDS in Southeast Iran will affect the high level of perceived psychological well-being. Uchino (in Sarafino and Smith, 2011) says social support is related to feeling comfortable, caring, appreciation, or assistance received from other people or groups. Furthermore, Smet (1994) adds that the negative consequences of stress are protected by interpersonal relationships as a result of social support.

Women who do not have children and have high social support will feel comfortable, loved, valued, and cared for, giving emotionally psychological strength to women to be able to rise to find solutions to the burden they face as infertile women. On the other hand, women who do not have children and feel low social support feel uneasy, no one loves, is ignored, feels there is no bond, so they do not have

the emotional strength that makes women rise to find solutions to the burden they face as infertile women.

This paper will discuss how the influence of social support on resilience and how the picture of resilience in women experiencing infertility.

2 RESEARCH METHOD

This research uses non-experimental quantitative methods. Determination of the sample using a non-probability sampling method with a purposive sampling technique, with a total sample of 100 respondents in the DKI Jakarta area.

The measurement of social support refers to the theory of Cutrona, Gardner, and Uchino (in Sarafino and Smith, 2011), with dimensions of emotional support, esteem support, instrumental support, informational support, and companionship support. Consists of 42 valid items with a reliability coefficient of 0.952. While resilience measurement refers to the theory of Grotberg (1995), with the dimensions of I Am, I Have, and I Can. Consists of 55 valid items with a reliability coefficient of 0, 947.

3 RESULT AND DISCUSSION

The description of 100 respondents is as follows:
a. Age:
   Early adults 87% and middle adults 13%.
b. Education:
   Basic education (elementary and junior high) 11%, secondary (high school) 53% and high (D3, S1 and S3) 36%.
c. Pregnancy history:
   Never been pregnant 69 %, ever pregnant and miscarriage 31%.
d. Length of married:
   Early marriage (<10 years) 80 %, middle (10-30 years) 20%.
e. Occupation:
   Working and not working 50% each.

The results of the normality test showed that social support and resilience variables were normal, with sig p each 0.200 (> 0.05).

The results of the linear regression calculations can be seen in table 1.

Table 1: Results of Linear Regression Equations for Social Support and Resilience.

Model	B	Beta	Sig.

(constant)	39,386		0,000
Social support	0,995	0,855	0,000

Table 1 shows that there is a positive and significant effect between social support and resilience (sig p 0.00 and regression coefficient + 0.995). The regression equation is

$$Y = 39.39 + 0.99\ X. \qquad (1)$$

Correlation coefficient r-value of 0.855 then r2 of 0.731, meaning that social support has a contribution of 73.1% of resilience. And the remaining 26.9% is influenced by other factors not revealed in this study.

To describe social support and resilience, categorization is done as in tables 2 and 3.

Table 2: Social support categorization.

Categorization	Score	Total
High	X ≥ 134,53	48 (48 %)
low	X < 134,53	52 (52 %)
Total		100 (100 %)

Based on table 2 above, the results show that social support for infertile women is lower (52%) than high (48%).

Table 3: Resilience categorization.

Categorization	Score Range	Total
High	X ≥ 173,30	47 (47 %)
Low	X < 173,30	53(53%)
Total		100 (100 %)

Based on table 3 above, the results show that the resilience of infertile women is lower (53%) than high (47%).

The effect of social support and resilience is positive, meaning that the higher the social support felt by women who experience infertility, the higher the resilience they have. Conversely, the lower the social support perceived by women experiencing infertility, the lower the resilience they have. The results of categorization show that infertile women are more likely to have low social support and resilience.

The results of this study are in line with the research of Raisa and Ediati (2016) which shows that there is a positive relationship between social support and resilience. The higher the social support provided and felt by inmates contributes to the high level of resilience ability in overcoming and serving a period of detention in the Semarang Women's Class IIA Penitentiary. Conversely, the lower the social support that is felt or does not get social support will cause prisoners difficulty in serving a period of detention so that prisoners have low resilience. In addition, Febrinabilah and Listiyandini (2016) add in their research that there is a positive and significant relationship between self-compassion (self-love) with resilience in former adult drug addicts. The higher the score of each dimension of self-compassion, the higher the resilience of former drug addicts. It was stated in his research that one of the protective factors that have a role in strengthening former drug addicts to become resilient include social support, especially those from the family. This shows that those who get affection from the surrounding environment are more resilient compared to those who are neglected.

Based on the foregoing, it can be said that women who experience infertility who feel high social support, will feel comfortable, feel cared for, feel loved, feel valued, and get help from other people or a group. So emotionally-psychologically make infertile women feel strong, confident, optimistic, able to recognize their emotions, and be able to overcome the problems at hand. So emotionally-psychologically make infertile women feel strong, confident, optimistic, able to recognize their emotions, and be able to overcome the problems at hand. Besides, with the social support they feel they have someone to look to, they feel they have someone they can trust, they feel they have people who encourage them to be independent and strong, and they feel they have a family or community that supports them.

Taylor (2015) in his research suggested that social support can help someone think that there is someone who can help in dealing with stressful events. In addition, Rohayati (in Jarmitia et al, 2016) added that one's self-confidence can be influenced by the environment, other external factors that also increase individual self-confidence such as motivation and support from others. In addition, Sarafino and Smith (2011) add that each person's reaction to stress varies from one person to another, and from time to time in the same person, this variation is a modification of psychological conditions and social factors on the impact of individual stressors.

On the other hand, women who experience infertility and feel low social support will feel discomfort, feel lonely, feel alone, and feel no one wants to listen to it. So emotionally-psychologically make infertile women feel pessimistic (hopeless), inferior, and dependent on others. In addition, low social support or the absence of social support makes it difficult for them to establish relationships, solve problems, and get help when experiencing difficulties.

This is felt because no one motivates them and cares about the problems they face. Cohen and Wills (in Elliott and Gramling, 1990) in their research revealed that individuals who get low social support, feel more depressed and anxious when experiencing stress. Then, Dewi (2015) added in her research that social support has a close relationship with resilience in mothers who have children with cancer of retinoblastoma at the Loving Cancer Hospital in Bandung. The higher the social support, the higher the degree of resilience the mother has, conversely the lower the social support the lower the degree of resilience the mother has.

In addition, the results of this study obtained a quadratic correlation coefficient (r2) is 0.731. That is, social support has a contribution of 73.1% of resilience, and the remaining 26.9% is influenced by other factors not examined in this study. It shows that social support has a very large contribution for women who experience infertility to make them feel strong when facing feelings of decline due to stigma obtained from the environment or negative judgments from others, as seen as women who are not normal, useless, infertile, or the weakness of the person because it is closely related to the nature of women that must be able to contain and give birth.

These results are in line with Primandari's research (2014) which revealed that subjects who have high resilience are characterized by people taking part in their lives so that subjects can carry out their duties and responsibilities well and believe the situation they are facing can be passed well. While subjects who have low resilience are characterized by the absence of people who can carry out their roles properly so that subjects cannot see well that they are important in life. This causes the subject to not be able to carry out the task properly and is not sure of the situation at hand.

This can also be explained based on the results of the multiple regression calculation of the dimensions of social support for resilience, which can be seen in table 4.

Based on table 4, it can be seen that the dimension of social support that has an influence on resilience (p <0.05) is the instrumental support dimension (sig. 0.001) and companionship support dimension (sig. 0,000). While the dimensions of social support that have no effect on resilience (p> 0.05) are the dimensions of emotional support (sig. 0.070) and the dimensions of informational support (sig. 0.145). Since the emotional dimension is closely related to resilience, the multiple regression equation is recalculated by only eliminating the informational support dimension, with the results shown in table 5.

Table 4: Results of Multiple Regression of dimensions Social Support with Resilience.

Model	B	B	Sig.
(constant)	36,483		0,000
Emotional	0,459	0,222	0,070
Instrumental	2,067	0,282	0,001
Informational	0,935	0,121	0,145
Companionship	1,844	0,346	0,000

Table 5: Results of Multiple Regression of dimensions Social Support with Resilience after Elimination of the Informational Support dimension.

Model	B	Beta	Sig.
(constant)	37,438		0,000
Emotional S.	0,630	0,305	0,006
Instrumental S.	2,195	0,300	0,000
Companionship S.	1,829	0,343	0,000

Based on table 5 above, it appears that there is a change in the value of sig. dimensions of social support, so that the three dimensions of social support have an effect on resilience (p <0.05).

According to Pearson product-moment correlation, the highest emotional dimension correlation level is 0.815 followed by the level of companionship correlation 0.790 and instrumental 0.749.

The result above is in accordance with Cutrona, Gardner, and Uchino's theory (in Sarafino and Smith, 2011) which says emotional support is a form of support delivered through empathy, care, attention, appreciation, and positive judgment about a person's ideas or feelings so that he feels comfortable, feels loved and feels cared for when dealing with various pressing problems in life. So, women who experience infertility and get emotional support from their family and surrounding environment, they will have high self-confidence, feel comfortable, feel loved, and make infertile women can see a positive value in him. They do not see themselves as someone who is alone in dealing with problems that arise due to infertility problems experienced, to feel valued and still be loved by others. In addition, emotional support from family and the environment also makes them feel strong, optimistic, able to think rationally and not blame themselves or the conditions they experience. They will be able to overcome the problems faced and take lessons from each incident experienced. This is in line with research by Titisari (2017) which shows that the higher the family social support that is given and felt, the higher the level of resilience in kidney failure patients undergoing hemodialysis therapy. In

addition, Arjani (2015) in his research stated that emotional support from parents had a positive relationship with students who were working on their thesis. The higher the emotional support of parents felt by students, the resilience held by students will be higher in doing a thesis.

Table 3 shows that more infertile women have low resilience, which is as much as 53%. It is suspected that women who experience infertility tend to have difficulty in controlling emotions when the situation collapses or are confronted with questions about the existence of children, difficult to solve problems faced without the help and motivation of others, as well as difficulties in understanding the emotions of themselves and others. This is in line with Mulyati's research (2015) which revealed that women who have not been blessed with children and cannot accept themselves positively in the condition of not having children tend to keep their distance from their environment, especially when asked about the presence of children in their marriages so as to prevent them from feeling psychological well-being.

To describe high and low resilience, a cross-tabulation of resilience based on age, education, length of the marriage, pregnancy experience and occupation is further made as in the following tables 6 to 10:

Table 6: Results of Resilience Cross Tabulation Test with Chronological Age.

Age	Resilience		Total
	High	Low	
Early adults	47 (54 %)	40(46%)	87(100%)
Middle adults	6(46%)	7 (54 %)	13(100%)
Total	53 (53%)	47(47%)	100(100%)

Based on table 6 infertile women in early adulthood have more high resilience (54%) than in middle adults (46%). Women who experience infertility and are in the early adulthood range have high hopes of being able to get pregnant and give birth because they are still in the fertile age range. And has the opportunity for a long time to be able to do therapy and other treatments. HIFERI (2013) revealed that women whose age is getting older are increasingly infertile, making it difficult to get a pregnancy. In addition, pregnancy at the age of 35 years has a high-risk factor. More difficult and prolonged labor and stillbirths are problems that can be found in pregnancy and childbirth at the age of 35 years and above (Sibuea et al, 2013).

Table 7: Cross-tabulation Resilience with Latest Education.

Latest Education	Resillience		Total
	High	Low	
Basic (SD, SMP)	3(37%)	8(73%)	11(100%)
Secondary (SMA)	29(55%)	24(45%)	53(100%)
High (D3, S1, S2)	21(58%)	15(42%)	36(100%)
Total	53(53%)	47(47%)	100(100%)

Based on table 7 above, it can be seen that subjects with primary education have more low resilience (73%). While subjects with secondary and higher education have more high resilience (55% and 58%). Infertile women with basic education have low cognitive skills, difficult to solve problems because of the lack of information obtained so that they feel pessimistic or hopeless. Holaday and Phearson (1997) revealed that one of the things that have an important role in individual resilience is cognitive skills. This is in line with Lestari's (2007) research which revealed that cognitive skills have a close relationship with resilience because it involves the ability of individuals to understand and convey information appropriately.

Table 8: Cross-tabulation of Resilience with Length of Marriage.

Length of marriage	Resilience		Total
	High	Low	
Early marriage (< 10 years)	46(58%)	34(42%)	80(100%)
Middle marriage (10-30 years)	7(35%)	1(65%)3	20(100%)
Total	53(53%)	47(47%)	100(100%)

Based on table 8 above, it can be seen that subjects with the first 10-year marriage period have higher high resilience (58%). Whereas subjects with a marriage period of 10-30 years have low resilience (65%). Infertile women who enter the middle period in their marriage experience boredom to do therapy, even their hopes to have children began to diminish. In addition, married couples who enter the mid-marriage period begin to enter middle adulthood. Jackues (in Papalia et al, 2009) revealed that at this time, they realized that they would not be able to fulfill their dreams and hopes in their youth. People with non-resilient characteristics will go through middle age under stress, frustration, discomfort with uncertainty and complexity, and have flat emotions (Papalia et al, 2009).

Table 9: Cross-tabulation Resilience with Pregnancy experience.

Pregnancy experience	Resillience		Total
	High	Low	

	High	Low	Total
Never been pregnant	36(52%)	3(48%)	69(100%)
Ever and miscarriage	17(55%)	14(45%)	31(100%)
Total	53(53%)	47(47%)	100(100)

Based on table 9 above, it can be seen that subjects with experience of pregnancy have never and never had and miscarriages both had higher high resilience (52.2% and 54.8%). Women who experience infertility but have never been pregnant have high hopes of getting pregnant at any time. While women who experience infertility and have been pregnant but have miscarriages, still have hope to get pregnant again. This was stated in Hapsari and Septiani (2015) in their research that individuals who do not have children can accept the situation, understand their shortcomings, and have goals and expectations.

Table 10: Cross-tabulation Resilience with the occupation.

Occupation	Resilience		Total
	High	Low	
Working	29(58%)	21(42%)	50(100%)
Not working	24(48%)	26(52%)	50(100%)
Total	53(53%)	47(47%)	100(100)

Based on table 10 above, it can be seen that subjects with a working category have a higher resilience (58%). Whereas subjects with the category of not working had lower resilience (52%). Infertile women who work are more financially independent, have higher self-esteem, and have wider social networks making it easier to get help. It was stated by Cohen, Gottlieb, and Underwood (in Papalia et al, 2009) that people who have extensive social networks and have social roles are many more comfortable and happier.

4 CONCLUSIONS

Based on the results of research that has been done, it can be concluded that there is a positive and significant effect between social support and resilience in women experiencing infertility (sig p 0,000 and regression coefficient + 0.995). The regression equation is Y = 39.39 + 0.99 X. This means that the higher the social support felt by women experiencing infertility, the higher the resilience they

have. On the other hand, the lower the social support felt by women experiencing infertility, the lower the resilience they have. The correlation coefficient r 0.855 with r2 of 0.731, so social support has a contribution of 73.1% of resilience, the remaining 26.9% is influenced by other factors not revealed in this study. This shows that social support is needed for women who experience infertility.

Resilience among women experiencing infertility is dominated by the low category (53%), and also low social support 52%

The dimensions of social support that have influence with resilience are the dimensions of emotions, companionship and instrumental.

REFERENCES

Adrian, K. (2018). *Mengatasi Infertilitas: Obat Mandul atau Operasi?* Retrieved from http://alodokter.com

Amalia, H. A. (2017). *Infertilitas Hambat Pasutri Memperoleh Buah Hati*. Retrieved from http://beritasatu.com

Arjani, A. S. (2015). *Hubungan antara Dukungan Emosional Orangtua dan Resiliensi Mahasiswa in Pengerjaan Skripsi*. (Skripsi). Universitas Gadjah Mada. Retrieved from http://etd.repository.ugm.ac.id

Azwar, S. (2015). *Metode Penelitian*. Yogyakarta: Pustaka Pelajar.

Demartoto, A. (2008). *Dampak Infertilitas terhadap Perkawinan (Studi Kajian Perspektif Gender)* (Skripsi). Surakarta: Universitas Sebelas Maret. Retrieved from http://argyo.staff.uns.ac.id

Dewi, I. K. (2015). *Hubungan antara Dukungan Sosial dengan Resiliensi pada Ibu yang Memiliki Anak Penderita Kanker Retinoblastoma di Rumah Cinta Kanker Bandung*. (Skripsi) Universitas Islam Bandung. Retrieved from https://repository.unisba.ac.id

Elliott, T. R., & Gramling, S. E. (1990). Personal Assertiveness and the Effects of Social Support Among College Students. *Journal of Counseling Psychology*, *37*(4), 427–436. https://doi.org/10.1037/ 0022-0167.37.4.427

Fave, A. D. (2006). *Dimension of Well-being: Research and Intervention*. Retrieved from https://books.google.co.id/books

Febrinabilah, R., & Listiyandini, R. A. (2016). Hubungan antara Self Compassion dengan Resiliensi pada Mantan Pecandu Narkoba Dewasa Awal. *Prosiding Konferensi Nasional Peneliti Muda Psikologi Indonesia, 1*(1), 19–28. Universitas Yarsi: Fakultas Psikologi.

Grace, M. (2008). *Makna Hidup pada Pasangan yang Belum Memiliki Keturunan*. (Skripsi). Medan: Universitas Sumatera Utara. Retrieved from http://repository.usu.ac.id

Grotberg, E. (1995). *A Guide to Promoting in Children: Strengthening the Human Spirit*. Retrieved from https://books.google.co.id/books/

Hapsari, I. I., & Septiani, S. R. (2015). Kebermaknaan Hidup pada Wanita yang Belum Memiliki Anak Tanpa Disengaja (Involuntary Childless). *Jurnal Penelitian Dan Pengukuran Psikologi*, *4*(2), 90–100.

Himpunan Endrokrinologi Reproduksi dan Fertilitas Indonesia (HIFERI). (2013). *Konsensus Penanganan Infertilitas*. Retrieved from http://www.labcito.co.id

Holaday., & Phearson. (1997). Resilience and Severe Burns. *Journal of Counseling and Development*, *75*(5), 345–356.

Jarmitia, S., Sulistiyani, A., Yulandari, N., Tatar, F. M., & Santoso, H. (2016). Hubungan antara Dukungan Sosial denagan Kepercayaan Diri pada Penyandang Disabilitas Fisik di SLB Kota Banda Aceh. *Jurnal Psikoislamedia*, *1*(1).

Kagitcibasi, C. (2009). *Family, Self, and Human Development Across Culture: Theory and Applications Second Edition*. Retrieved from https://books.google.co.id/books/

Kartono, K. (2007). *Psikologi Wanita (Jilid 2) Mengenal Wanita sebagai Ibu dan Nenek*. Bandung: Mandar Maju.

Lestari, K. (2007). *Hubungan antara Bentuk-Bentuk Dukungan Sosial dengan Tingkat Resiliensi Penyintas Gempa di Desa Canan, Kecamatan Wedi, Kabupaten Klaten*. (Skripsi). Retrieved from http://core.ac.uk

Marni, A., & Yuniawati, R. (2015). Hubungan antara Dukungan Sosial dengan Penerimaan Diri pada Lansia di Panti Wredha Budhi Dharma Yogyakarta. *Jurnal Empathy*, *3*(1), 1–7.

Mulyati, D. (2015). *Gambaran Kesejahteraan Psikologis Istri yang Belum di Karuniai Anak (Studi Banding pada Pasangan Menikah yang Belum Dikaruniai Anak)*. (Skripsi tidak diterbitkan). Fakultas Psikologi Universitas Esa Unggul, Jakarta.

Papalia, D. E., Olds, S. W., & Feldman, R. D. (2009). *Human Development* (Edisi 10 B). Jakarta: Salemba Humanika.

Raisa., & Ediati, A. (2016). Hubungan antara Dukungan Sosial dengan Resiliensi Pada Narapidana di Lembaga Pemasyarakatan Kelas IIA Wanita Semarang. *Jurnal Empati*, *5*(3), 537–542. https://doi.org/10.1111/j.1365-2699.2009.02216.x

Reivich, K., & Shatte, A. (2002). *The Resilience Factor: 7 Keys to Finding Your Inner Strength and Overcoming*. New York: Crown Publishing Group.

Sarafino, E. P., & Smith, T. W. (2011). *Health Psychology: Biopsychosocial Interactions Seventh Edition*. United States of America: Wiley.

Sargolzaei, N., Mohebi, M. D., Hosaini, S. S., & Farzad, Z. (2018). Psychological Well-Being and Social Support in Patients with HIV/AIDS in South-East Iran. *High Risk Behaviour Addiction*, *7*(4), 467–472. https://doi.org/10.5812/ijhrba.67472.Research

Septiani, T., & Fitria, N. (2016). Hubungan Antara Resiliensi dengan Stres Pada Mahasiswa Sekolah Tingkat Kedinasan. *Jurnal Penelitian Psikologi*, *07*(02), 59–76.

Sibuea, M. D., Tendean, H. M. M., & Wagey, F. W. (2013). Persalinan pada Usia ≥35 Tahun di RSU Prof. Dr. R. D. Kandou Manado. *Perhimpunan Ahli Anatomi Indonesia*, *1*(1), 484–489.

Smet, B. (1994). *Psikologi Kesehatan*. Jakarta: Gramedia Widiasarana Indonesia.

Taylor, S. E. (2015). *Health Psychology Ninth Edition*. New York: McGraw-Hill Education.

Titisari, A. (2017). *Hubungan Antara Dukungan Sosial Keluarga dengan Resiliensi pada Pasien Gagal Ginjal yang Menjalani Terapi Hemodialisa*. (Skripsi). Retrieved from http://eprints.ums.ac.id