

THE MEANING OF LIFE ON WARIA LIVING WITH HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY): A PHENOMENOLOGICAL STUDY

Nur Amin Barokah Asfari

Ms., Universitas Gadjah Mada, Indonesia, nur.amin.b@mail.ugm.ac.id

Abstract

The existence of *waria* (a melding of two Indonesian words: *wanita* (woman) and *pria* (man)) has not been recognized in some places, including in Indonesia. As the third-gender community, they often get discrimination from their surroundings. Therefore, they tend to limit their interaction with others, outside their community. Some of them work as sex workers. So, they are vulnerable to be infected with HIV/AIDS. *Waria* who is living with HIV/AIDS will feel meaningless at the first time. Sometimes, they chose to give up and end their lives. However, some of them become HIV/AIDS survivors. Those who have a purpose in their life will be more motivated to continue their lives better. Frankl found that the meaning of life is very important to one's life. It can be realized in a desire to be a useful person for others (Bastaman, 2007). It is a qualitative study with phenomenology approach. It aims to understand the process to find the meaning of live on *waria* living with HIV/AIDS. A subject was involved in this study with characteristics: were transsexual and positively infected with HIV/AIDS. The participant will be interviewed about her experiences to find her meaning of life. The results showed that she has meaningless phases when knowing that she had HIV/AIDS at first. She had time to give up. She felt her life would be end soon. But, after reflecting, she thought that she had to use her time to repent. She regretted all her mistakes in the past. She hoped that God would forgive her. She wanted to be a better person. Then, she began to change her attitude better. She was committed to her meaning of life and directed all her activities to achieve it. She became more religious and had more prosocial behaviors. For ten years, she worked as a volunteer for people with HIV/AIDS, especially for *waria* in Yogyakarta. She was satisfied with her life now and felt herself more valuable because she could be a useful person to others.

Keywords: the meaning of life, *waria*, HIV/AIDS, phenomenological study

1. INTRODUCTION

Most people think that HIV/AIDS is a curse. People living with HIV and AIDS (then called PLWHA) is regarded as a despicable human sinner. Lack of knowledge about this disease makes PLWHA get some discrimination, especially from their surroundings. Therefore, they often hide the truth about their real illness. Even, some of them refused to go to the doctor because did not want to be rejected. As a result, they cannot

get the right treatment immediately. This condition makes PLWHA more depressed and tends to get depression.

Besides as a PLWHA, status of waria adds its own impact for them. The negative stigma makes them expelled from their community. This condition makes PLWHA more stressful and tends to get depression. worst, they choose to give up with their conditions. For example, be indicipline in taking medicine. It makes them further weakened until finally died

Based on information from a NGO in Yogyakarta focusing on waria and PLWHA, there always a PLWHA died in a month because their own behavior. Commonly, they think their disease is incurable. In other words, they just wait for death to pick up. so, medicine is useful. They fell that their life is meaningless. So, death is a better choice. No more they do to get the better condition.

But, some of them who have purpose in their life tend to have a spirit to get better. It can encourage them to try to achieve what they desire. It can raise their spirit to continue their life. They will direct all their capacity to reach what they set as a goal. This goal will make their life meaningfulness.

Research on meaning of life has been conducted by some researchers before. David Philip's study (in Alfian and Goddess, 2003) reveals without the meaning of life there will be a void of the soul. This can lead to suicide cases in adolescents. Rohmah (2011) reveals that the elderly who have the meaning of life, they will feel happier in living his life. Sumanto (2006) explains that the meaningfulness of life can encourage individuals to keep on fighting.

This study aims to understand the meaning of live on waria living with HIV/AIDS focusing on the process to find the meaning of life.

2. LITERATURE REVIEW

2.1 The Meaning of Life

The concept of meaning of life was first conducted by Viktor Frankl. He was a Jewish who lived in the Nazi concentration camp. For three years, he observed the lives of the prisoners there. He found that the meaning of life is very important to one's life (Bastaman, 2007). Meaning of life is defined as something considered important by person. Something is believed as true . People who make the meaning of life as the purpose of his life, will direct his life in order to achieve that goal.

Frankl (2006) states that the meaning of life is an experience gained by responding to the environment. That is, the meaning of one's life must be found alone. He adds that in this process of searching, it can involve individual experiences related to God. The meaning of life can be manifested in a desire to be a useful person to others (Bastaman, 2007). People will find it useful and valuable when they can help others around them. Individuals who have meaningful life will tend to feel satisfaction in their life. They will also be better able to overcome the problems that arise in their life (Frankl in Koeswara, 1987).

2.1.1 Components of the Meaning of Life

Frankl (in Bastaman, 2007) mentioned three components in meaning of life: freedom of will, will to meaning, meaning of life. There are three ways to discover the meaning of life: by obtained through work, experiencing something, and through attitudes toward suffering (Frankl, 2006)

Bastaman (2007) adds the components determining a person's success in making changes from living meaningless to meaningful life: self-insight, the meaning of life, changing attitude, self-commitment, directed activities, and social support.

2.1.2 The Finding of the Meaning of Life

The finding process of the meaning of life include: the stages of suffering (tragic events, meaningless devaluation), self-understanding stage (self-understanding change of attitude), life-meaning stage (finding meaning and determination of purpose of life) the attachment of dying, directional activity, and the discovery of meaning to life), meaningful life stages (meaningful appreciation, happiness).

2.2.The Meaning of Life Waria Living with HIV/AIDS (WLWHA)

2.2.1 HIV/AIDS Definition

Human Immunodeficiency Virus (HIV) can threaten human's health. It attacks the immune system. Whereas the immune system serves as a lifelong protection of the human body by recognizing, inhibiting, and

attacking any incoming foreign body, so that the physical condition remains healthy (Orphan, 2006; Nursalam & Kurniawati, 2007).

HIV is a viral agent with a nucleic acid (RNA) that belongs to the genus Lentivirus, Retrovirus class, Retroviridae family (Soedarto, 2009). The HIV RNA can form HIV DNA and replicate itself by using the human immune system. This can lead to the immune system destroyed gradually, so the body is susceptible to opportunistic infection (OI) (Taylor, 2009). Infections from microbes that are usually non-pathogenic (virulent) or virulent (wherever infectable), but under certain circumstances may be virulent if the host's immunological capacity is impaired.

While AIDS is a collection of symptoms of disease or syndrome. It is occurred because the body has decreased immune system (Orphan, 2006). It is characterized by OI with or without unusual neoplasms, such as Kaposi sarcoma that occurs in individuals less than 60 years old (Bellanti, 1993).

2.2.2 Psychosocial Response

Stewart (Nursalam & Kurniawati, 2007) describes some of the psychological responses when a person is diagnosed with HIV/AIDS positively, in the table 1.

Tabel 1. Psychological Response People with HIV/AIDS

Reaction	Psychological Response	Things can be found
<i>Shock</i>	Feeling guilty, angry, and helpless.	Fear, loss of mind, frustration, sadness, trouble, acting out.
Withdrawal	Feeling flawed, useless, and self-isolating.	Worried to infect others, moody.
Restrict limited status	Wanting know the reaction of others, stress diversion, and wanting be loved.	Rejection, stress, and confrontation.
Looking for others who are HIV positive	Sharing feelings, recognition, trust, strengthening, and social support.	Dependence, intervention, disbelief in the secret holder himself.
Custom status	Change of alienation into special benefits, their difference becomes special, needed by others.	Dependence, our dichotomy and them (everyone looks HIV-infected and responded that way), over identification.
Behavioral attachment to others	Group commitment and unity, giving and sharing, feeling as a group.	Excessive blackouts, reactions, and compensation.
Acceptance	Integration of HIV status with self-identity and balance between the interests of others with yourself.	Apathetic and difficult to change

Adopted from "Asuhan Keperawatan pada Pasien Terinfeksi HIV/AIDS," oleh Stewart dalam Nursalam & Kurniawati, 2007. Hak cipta 2007 oleh Salemba Medika.

Munjas et al. (1998) add some of the psychosocial responses experienced by PLWHA including fear, anxiety, craving, loss, depression, mania, psychosis, and suicide. Munjas et al. Stresses that the most frequent responses are anxiety, depression, and depression responses.

2.2.3 The Meaning of Life Waria Living with HIV/AIDS (WLWHA)

WLWHA who has a meaning in life, will strive to achieve the things she aspires to. This is what keeps her spirit in living life. The discovery of this meaning of life starts from the process of contemplation of the individual. In her contemplation, she tends to rethink her life's purpose and seek to gain that.

3. METHOD

A qualitative phenomenological was utilized to explore how WLWHA find her meaning of life. Researchers intend to dig deeper into the appreciation of individuals in the process of the discovery of the meaning of life (Smith, J.A., Flowers, P., Larkin, M., 2010). It aims to understand the process to find the meaning of live on waria living with HIV/AIDS.

3.1 Participant

A participant was involved in this study with characteristics: were waria and positively infected with HIV/AIDS. The participant will be interviewed about her experiences to find her meaning of life. Participant received informed consent from the researcher before the interview.

3.2 Data Collection

This study used a qualitative study by using in-depth interview. Multiple data collection techniques are used in this study, such as interview, direct observation, and document study.

Interviews were conducted twice face to face. At the first, the researcher explained the purpose and purpose of the study and gave informed concerned to the participants. She signed it after reviewed it. While, demographic data was collected using demographic questionnaire. Participant ask the researcher to write down the answer as she says.

The first meeting will explore about the process of finding the meaning of participant's life. All questions were directed to explore the process of achieving it. The questions are as follows: (1) please share what you feel when you know that you are positively infected by HIV/AIDS, (2) please share with me about your feeling make you want to change, (4) what is the purpose of your life at that time.

At the second time, the question was more directed to explore the meaningful aspects of participant's life. It is directed to understand the components of meaning of life, such as freedom of will, will to meaning, meaning of life.

3.3 Data Analysis

The interviews were held face to face and were recorded audio. The recordings were transcribed by researcher herself. Then, researcher asked participant to review the written transcript. After that, the researcher classifies the results of interviews into several categories, namely (1) participant's identity, (2) early symptoms of HIV/AIDS, (3) the impact of HIV/AIDS on participant's life, (4) tragic experience, (5) self-insight, (6) finding the meaning and purpose of life, (7) changing attitude, (8) self-commitment, (9) directed activities, (10) life meaningful, (11) freedom of will, (12) social support, and (13) happiness.

4. RESULT

4.1 Gejala awal HIV/AIDS dan dampaknya

Participant, SF, 57 years old. She is a elementary school graduates, According to her, she became a waria since childhood. While sitting in elementary school, SF always looks like a girl after school.

"Dari kecil. Dari SD aku udah dandan. Sekolah SD masih pakai celana pendek, kalau pulang ke rumah ya udah pakai rok. Pakai sampingan-sampingane (baju-bajunya) ibuku, kebaya. Ya gitu." (W.R.01.317-318)

She worked as sex workers in Bandung since 1982.

"Ya.. awal saya kan.. saya kan awalnya thun 82, aku merantau ke Bandung. Jadi pekerja seks. Ya disono itu, kita itu kan.. jadi pekerja seks nggak pernah pake pengaman. Nggak tahu juga kan ada penyakit. Nggak tahu juga kan. Ya kita enjoy-enjoy aja ada tamu. Tiap malem ada 10, 5 orang. Tiap malem. Tanpa pengaman." (W.R.01.20-23)

She was infected with HIV/AIDS in 2006, but remained in service until 2007. She claimed to be forced to do that to survive. Though already positive as an HIV-positive person, she has never used a safety in contact.

"Iya, tetep kerja. Ya maksain diri. Penting buat nyambung makan. Buat makan tiap hari gitu." (W.R.01.229)

“Ya enggak. Ya itu kan ya.. kita kan belum ada kondom.. nggak tahu juga yaa.. hehehe.. kan karena kan nggak tahu.. jadi ya bukan salahku, hehehe. Tapi kadang-kadang ya kasihan sama yang ditulari itu. Bukan dari saya aja. Banyak temen-temenku yang kena itu.” (W.R.01.231-233)

the early of infection, She experienced prolonged diarrhea and anemia making her weakened.

“Trus aku VCT. VCT. Ternyata kok positif.” (W.R.01.231-233)

“Jadi kan, aku akhirnya sampai tahun 2007 itu ngedrop terus. Ya diare, diare terus. 2007 awal.” (W.R.01.30-32)

Because of their status as PLWHA, she get discriminated when she is hospitalized.

“Disuruh tes ulang. Kan, di PKPI belum ada data. Jadi aku, ehm, langsung.. diare-diare ditu, aku langsung dibawa ke Bethesda. Satu minggu disitu. Satu minggu itu.. di situ aku makannya tu dipisah kaya orang orang lain. “Enggak. Orang umum aku. Jadi aku masuk umum. Umum. Jadi kan, nggak tahu kan, dulu itu gimana.. 2007 itu kan, dokter-dokter masih belum tahu pisan masalah penyakit ini. Kan, masih ada yang ragu-ragu. Jadi kan.. wong dokternya nggak pernah nengok aku, nggak pernah mriksa aku dokter itu. Satu minggu itu di Bethesda. Iya, aku yang ngrawat Cuma perawat doang. Jadi kan, kita kan lingkungan.. kita kan sekamar 5 orang yang sakit. Aku kan dipakai mika, mika yang.. dus itu. Yang langsung buang.” (W.R.01.40-50)

Now, SF still hides her condition from her family and neighbors. SF worried that people will expel her if they knew she was PLWHA.

“Aku takut mau ngomong penyakit ini. Takutnya kan pada takut kan.”(W.R.01.51)

“Enggak. Nggak tahu. Tahu-tahu ya dah sehat. Penyakit juga nggak tahu penyakitnya.” (W.R.01.127)

HIV/AIDS also affects her physical condition. She should not be allowed too tired. Tiredness can make her condition decreased. This limits the space of SF, especially in her work.

“Fisik, ya, kalau kecapekan lemes. Lemes. Ya, orang kita udah... B20 (istilah medis untuk HIV/AIDS) ini nggak boleh terlalu capek. Capek ya sakit. Dulu kan pernah, jualan nasi udak aku di depan.” (W.R.01.129-130)

“Ada yang nawar-nawarin kerja di warung, di restoran. Tapi aku, kerja sama orang itu capek banget e. Capek. Ya, fisiknya itu nggak kuat kondisiku. Cucuku yang di Kalimantan itu juga nyuruh kerja di rumah makan. Mbah, sini Mbah, ikut aku. Aku buka rumah makan. Bantu masak-masak. Mbah e (Nenek) capek wis tuwa (sudah tua). Hehehe...” (W.R.01.307-310)

4.2 Pengalaman tragis.

SF was shocked when she found out she was infected with HIV/AIDS. She saw many people living with HIV that lead to death. Because of this anxiety, SF could not sleep for three nights.

“Iya. Baru ada LSM itu. Aku ikut gabung disono. Trus aku VCT. VCT. Ternyata kok positif. Aku syok. Aku syok banget setelah tahu positif tadi itu lo. Trus kapan aku mati. Kapan aku.. kan kata orang kan kalau kena HIV kan tinggal nunggu 1 minggu, 1 bulan hidupnya” (W.R.01.27-29)

“Nggak. Nggak pernah. Cuman pas awal-awal itu sempat syok. Syok aja. Syok.” Ya, itu.. nggak bisa tidur sampai 3 hari. Nggak bisa tidur. Ya itu, denger-denger kabar kalau orang positif HIV cuman nunggu minggu atau bulan gitu (segera meninggal). Kan syok banget. Tapi kan dah tahu, dikasih solusi sama temen-temen, ya.. udah, nggak syok lagi.” (W.R.01.145-149)

This condition is further exacerbated by the declining SF economic conditions. Although she knew she was ill, SF kept pushing herself to work for the guests.

“Ya itu.. kerja tiap hari. Tiap malem. “Iya, tetep kerja. Ya maksain diri. Penting buat nyambung makan. Buat makan tiap hari gitu.” (W.R.01.227-229)

4.3 Pemahaman diri partisipan akan kondisinya saat ini.

The social support she gave from her friend (waria), she is aware of her current condition. SF then tried to get the best.

“Minum jus wortel. Katanya minum jus wortel. Minum jus wortel itu tiap hari. Mulut nggak enak to waktu itu. Tapi saya glak glek glak glek (diminum). Ya itulah, kita kan perang semangat gitu. Jadi, nggak.. makan apa-apa buat ngobatin diri sendiri, aku nggak pernah males.” (W.R.01.157-159)

4.4 Penemuan makna dan tujuan hidup.

Every time she remembered her mother, there was a longing in SF to be able to go back to Cilacap. This strong desire to be the spirit of SF to be healed. SF hopes to be given a long life in order to take care of her mother.

“Ya, dulu kan, aku masih punya orang tua. Masih punya ibu. Jadi kita semangatnya itu ngayomi orang tuaku. Jangan sampai aku diambil nyawaku dulu.. sebelum ibuku meninggal, jangan aku dulu. Jadi kan, semangat gitu.” (W.R.01.123-125)

“Jadi kita bismillah. Bismillah, Ya Allah, ya Tuhanku paringana (beri) aku sehat, paringana panjang umur. Paringana rejeki, masih bisa pulang ke kampungku. Aku masih pengen ketemu orang tua, saudara-saudaraku. Kita selalu berdoa seperti itu.” (W.R.01.195-197)

Masih semangat hidupnya. Semangat. Masih semangat hidupku. Ya Allah tuhanku, paringana (berilah) aku panjang umur. Paringana (berilah) sehat.” (W.R.01.71-73)

She found the meaning of her life when she was in NCO focusing on waria. SF feels her life is meaningful when she can help others. In fact, she is believed to be responsible for the household affairs in the shelter house.

“Ya, kita ya sebelumny udah punya pikiran, gimana ya biar hidup bisa berguna sama orang lain gitu. Ya alhamdulillah, doa kita kali ini, semenjak disini, sama orang-orang, temen-temen disini gitu masih berguna. Sama mami NN masih dipakai. Gitu. kita ya, terutama sama Tuhan, terima kasih gitu. Panjang umur gitu. Kasih rejeki. Keduanya sama mami NN, yang sudah ngrawat saya, nampung saya disini sejak 10 tahun ini. Sama temen-temen kita yang kasih support, yang kasih motivasi-motivasi yang baik. Masukan buat saya.” (W.R.01.286-291)

“Ya, pokoknya dipasrahin segala tanggung jawab disini. Ya bersih-bersih rumah, ya masak, ngurus orang yang sakit. Semuanya. Ya pokoknya semua dipasrahin ke aku. Apalagi sekarang ada baby to. Jadi, nggak bisa kemana-mana.” (W.R.01.348-350)

“Ya, itulah, kita kan.. sama aja ibadah.. ngurus orang, bantu orang, kan ibadah. Bukan ibadah itu Cuma sholat aja. Nolong orang juga ibadah. Bantu orang, bantu temen itu kan ibadah.” (W.R.01.352-353)

“Iya.. aku juga kadang-kadang mikir, aku dulu juga kaya gini. Kan ada dulu, disini, ada yang rewel, nggak mau makan obat, nggak mau makan nasi. Itu aku kan kadang-kadang depresi (depresi), stress itu mikirin itu, gimana bisa ngatasin itu, orang ini biar semangat. Biar mau makan obat, biar mau makan nasi gitu. Kadang aku sampe kasar ngomonge. Heh, aku juga pernah sakit kaya kamu. Parah ka.. parah aku daripada kamu. Mbok ya kamu ngikutin Maknya. Nanti kalau aku stress ngurusin kami, aku ngedrop lagi. Aku nggak mau. Nah sekarang kamu, kamu pilihannya 2. Aku sampai ngomong gitu. Pengen hidup atau pengen mati? Pengen hidup, pengen sehat, makan obat, makan nasi. Itu. Kalau pengen mati, yaudah terserah. Gitu. Aku sampai ngomong gitu. Ini sebenere nggak boleh ngomong gitu. Pendamping sampai ngomong gitu. Tapi aku kan, kesel. Biar dia bisa bangkit. Tapi kan, kadang-kadang ada yang bangkit, ada yang enggak. Tapi banyaknya banyak yang meninggal. Kemarin 4 orang disini. LSL. Muda-muda. Ganteng-ganteng. Gak teratur minum obat. Iya.. pengen membantu temen-temen yang masih perlu dibantu. Gitu. Itukan udah kaya temen. Tapi bukan karna aku banyak duit? Ya sedikit-sedikit saling tolong-menolong.” (W.R.01.368-398)

For her, the most important thing for her now is to worship and get closer to God. In addition to the form of prayer, SF considers helping others as well as worship.

4.5 Pengubahan sikap.

SF began to change her life style. Now, SF never goes out again to work as a sex worker.

“Ya, benar begitu. Sekarang juga udah nggak keluar-keluar malam (mangkal) lagi kok. Nggak keluar malam, nggak apa.. udah nggak.” (W.R.01.222-223)

"Enggak. Aku dah enggak mau kepikiran buat jadi pekerja seks. Kadang temen ngajak-ngajak, Nopi, Mbak Nopi, SF ayo malam mingguan. Enggak. Nggak mau aku." (W.R.01.295-296)

For SF, the most important thing for people living with HIV like herself is to take medicine and always think positive.

"Iya. Harus teratur. Nggak pernah bolong. Nggak telat." (W.R.01.106)

"Bukan. Kita nggak punya pikiran itu. Kita pikirannya itu sehat, semangat. Jadi kita enak pikirannya itu. Jangan mikirin cita-cita yang tinggi. Yang penting kita sehat gitu. Pikiranku nggak mikirin aku nggak berguna, udah ini, ini.. enggak. Aku nggak punya pikiran itu?" "Enggak. Jadi, kita pikirannya pun yang positif-positif aja gitu. jadi, kita kan orangnya.. lah janganlah pikiran tinggi (berharap tinggi).. negatif-negatif.. itu kan nambah stres. Kalau pikiran itu, Oh aku dianggap itu, orang yang nggak berguna hidup itu. Itu kan pikiran-pikiran positif, e, negatif. Iya, kan itu nggak boleh orang-orang seperti.. udah punya ini (terkena HIV/AIDS), janganlah berpikir negatif-negatif. Positif aja. Gitu. Oh ya, sakit, gini-gini, ubahlah, bukan saya sendiri. Banyak temen. Gitu. temen juga banyak yang sehat (bisa survive). Mungkin kan kita, penting rutin makan obat. Teratur istirahat. Makan cukup. Itu kan alhamdulillah. Gitu." (W.R.01.111-120)

5. DISCUSSION

Participant has an unpleasant time in the early of HIV/AIDS infection. This disease does not affect the physical, but also to the psychic and social. SF was discriminated when she was hospitalized. Until now, SF only open her identity as PLWHA only to waria and for academic purpose.

SF's fears are common. Lack of knowledge about HIV/AIDS and its mode of transmission leads to excessive fear in the community. PLWHA are still often labeled negative and get discrimination from the surrounding. The more negative labels PLWHA receives, the more it will feel worthless and useless (Sarikusuma, Hasanah, & Herani, 2012).

Despite having felt meaningless at first, SF can rise up because of the motivation of her friends. Social support is instrumental in the process of finding the meaning of life of PLWHA (Astuti & Budiyan, 2008). In addition, her desire to meet and care for her biological mother made her the spirit of living her life.

Since living in a shelter house, SF devoted herself to helping friends of PLWHA. SF is the one who takes care of all their needs, including in the matter of cleaning themselves. This is SF doing solely because she wants to help others. She hopes that what she does is recorded as a form of worship.

SF always remembers her own story. She realizes that she can achieve her condition at this time thanks to the support she received her friends. Life in shelter homes that are like family helps SF perform its social function (Siboro, 2014).

SF hopes in the rest of her life, she can worship and get closer to God. SF regretted her actions in the past. She hopes his actions to help others can reduce her sins.

For SF, her life will be meaningful if he can be useful to others. The meaning of life affects the behavior of SF (Fife, 2005). SF helps other people living with HIV so they can accept the conditions. Because, if people living with HIV / AIDS reject the condition, it will make them more depressed (Nam et al., 2008). Therefore, SF keeps herself healthy so she can be an example as a successful PLWHA (survivor).

Besides, helping others can lead to happiness in SF. SF is happy because she still has the ability to help others. By helping them, SF can provide social support to others, as well as get social support from the people it helps. This reciprocal relationship is due to the feeling of being the same as PLWHA. SF also assumes that help can get closer to God. This is in line with the findings of Arriza, Dewi, & Kaloeti, (2011) that social support and religiosity can lead to happiness in people living with HIV. Social support can also improve the quality of life of SF as ODHA (Burgoyne & Renwick, 2004).

6. CONCLUSION

Based on the description, it can be concluded that: (1) participant shock when she knows positive of HIV/AIDS infection in 2006, (2) finding the meaning of her life begins from motivation and support from her friends as waria and her willingness to meet her biological mother, (3) she try to maintain her health condition by regularly taking medication and always thinking positive, (4) she feels useful and valuable when

she can help others, (5) she become more religious and hope that their good deeds can reduce her sins in the past.

7. ACKNOWLEDGEMENT

I would like to thank Lembaga Pengelola Dana Pendidikan (LPDP – Indonesian Fellowship) for support my study in Master of Psychology.

REFERENCE LIST

- Alfian, I.N & Dewi, R.S. (2003). Perbedaan tingkat kebermaknaan hidup remaja akhir pada berbagai status identitas ego dengan jenis kelamin sebagai kovariabel (Penelitian terhadap mahasiswa Madura di Surabaya). *Insan Media Psikologi* Vol. 5, no,2:87-89
- Arriza, B. K., Dewi, E. K., & Kaloeti, D. V. S. (2011). Memahami rekonstruksi kebahagiaan pada orang dengan HIV/AIDS (ODHA). *Jurnal Psikologi Undip*, 10(2), 153–162.
- Astuti, A., & Budiyan, K. (2008). Hubungan antara dukungan sosial yang diterima dengan kebermaknaan hidup pada ODHA (orang dengan HIV/AIDS). Yogyakarta: Fakultas Psikologi Universitas Mercu Buana. Retrieved from http://fpsi.mercubuana-yogya.ac.id/wp-content/uploads/2012/06/Agustus_2010_Kondang-Budiyan.pdf
- Bastaman, H.D. (2007). *Logoterapi: psikologi untuk menemukan makna hidup dan hidup bermakna*. Jakarta: Raja Grafindo Persada
- Bellanti, J. A. (1993). *Imunologi III*, edisi bahasa Indonesia. Yogyakarta: Gadjah Mada University Press.
- Burgoyne, R., & Renwick, R. (2004). Social support and quality of life over time among adults living with HIV in the HAART era. *Social Science & Medicine*, 58(7), 1353–1366. [https://doi.org/10.1016/S0277-9536\(03\)00314-9](https://doi.org/10.1016/S0277-9536(03)00314-9)
- Fife, B. L. (2005). The role of constructed meaning in adaptation to the onset of life-threatening illness. *Social Science & Medicine*, 61(10), 2132–2143. <https://doi.org/10.1016/j.socscimed.2005.04.026>
- Frankl, V.E. (2006). *Logoterapi: Terapi Psikologi Melalui Pemaknaan Eksistensi*. Yogyakarta: Kreasi Wacana Yogyakarta
- Koeswara. 2987. *Psikologi Eksistensial: Suatu Pengantar*. Bandung. PT. Eresco
- Nam, S. L., Fielding, K., Avalos, A., Dickinson, D., Gaolathe, T., & Geissler, P. W. (2008). The relationship of acceptance or denial of HIV-status to antiretroviral adherence among adult HIV patients in urban Botswana. *Social Science & Medicine*, 67(2), 301–310. <https://doi.org/10.1016/j.socscimed.2008.03.042>
- Nursalam., & Kurniawati, N. D. (2007). *Asuhan keperawatan pada pasien terinfeksi HIV/AIDS*. Jakarta: Salemba Medika.
- Rohmah, Nur. (2011). *Studi Deskriptif tentang Tingkat Kebermaknaan Hidup Lansia yang Tinggal di Unit Rehabilitasi Sosial Wening Wardoyo Ungaran*. Skripsi. Universitas Negeri Semarang
- Sarikusuma, H., Hasanah, N., & Herani, I. (2012). Konsep Diri orang dengan HIV dan AIDS (ODHA) yang menerima label negatif dan diskriminasi dari lingkungan sosial. *Psikologia: Jurnal Pemikiran Dan Penelitian Psikologi*, 7(1). Retrieved from <https://jurnal.usu.ac.id/index.php/psikologia/article/view/400>
- Siboro, H. K. (2014). Pengaruh dukungan keluarga terhadap keberfungsian sosial orang dengan HIV/AIDS (ODHA) di Rumah Singgah Caritas PSE Medan. *Welfare StatE*, 2(4). Retrieved from <http://202.0.107.5/index.php/ws/article/view/6226>
- Soedarto. (2009). *Penyakit menular di Indonesia*. Jakarta: Anggota Ikapi.
- Sumanto. (2006). *Kajian Psikologis Kebermaknaan Hidup*. Buletin Psikologi, Vol 12 no 2
- Taylor, S. E. (2009). *Health psychology*. US: McGraw-Hill Companies.
- Utama, T. T & Sanpedro, Y. (10 April 2015). *Victory Plus: Pembawa Harapan bagi ODHA* [web log post]. Diperoleh dari <http://citralekha.com/victoryplus/>