East Asian Journal of Multidisciplinary Research (EAJMR)
Vol. 4, No. 10, 2025: 4923 - 4938

# An Overview of the Stages of Self-Acceptance in Women with HIV/AIDS (PLWHA)

Berlianna Dewi Setiawan[1*], Gratianus Edwi Nugrohadi[2], Happy Cahaya Mulya[3]
Fakultas Psikologi Universitas Katolik Widya Mandala Surabaya
**Corresponding Author:** Berlianna Dewi Setiawan berliannabaobei2002@gmail.com

A R T I C L E I N F O

*Keywords:* Self-acceptance, PLWHA, housewives

*Received : 01, October*
*Revised : 15, October*
*Accepted: 27, October*



A B S T R A C T

Self-acceptance is a conscious choice made by the individuals to experience feelings, sensations, and thoughts at any time as they are. Self-acceptance is very important for housewives in early adulthood, especially those with PLWHA, to live a good life without thinking about their illness. This study implements phenomenological qualitative methods and deductive thematic analysis. Informants in this study were 2 housewives living in the Surabaya area, who have children, were exposed to HIV/AIDS from their partners and young adults age 18-40 years old. There were two informants with HIV/AIDS. The results of this study indicate that the two informants were able to pass the 5 stages of self-acceptance well, including aversion, curiosity, tolerance, allowing and friendship. Factors affecting the self-acceptance of the two informants, namely self-concept tends to be stable. Informants who have faith may rise from adversity and perceive their hopes to help people around them by practicing self-acceptance.

DOI prefix: https://doi.org/10.55927/eajmr.v4i10.421
ISSN-E: 2828 – 1519 (Online)
https://mtiformosapublisher.org/index.php/eajmr

## INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system, particularly the CD4 cells that play a key role in fighting infections. Without proper treatment, HIV can progress to Acquired Immune Deficiency Syndrome (AIDS), the final stage of infection characterized by severe immune deterioration and various life-threatening complications (Latifah, Zainuddin, & Mulyana, 2015). People living with HIV/AIDS (PLWHA) require continuous medical treatment through regular consumption of antiretroviral (ARV) drugs to slow the progression of the virus (Utami, Mar'at, & Suryadi, 2017). Irregular ARV use may cause a decrease in immunity, leading to the onset of opportunistic infections and severe health complications (Susanti, 2019).

According to the Ministry of Health of the Republic of Indonesia (2018), East Java Province ranks among the highest in HIV prevalence, with 8,204 HIV cases and 741 AIDS cases recorded. The 2021 report shows 7,650 new HIV cases between January and March, with the majority occurring among individuals aged 25–49 years (71.3%). Surabaya City has shown a notable increase, with 323 new cases identified in 2021, predominantly in Sawahan and Tambaksari districts. Most cases occurred among men, heterosexual groups, and housewives who contracted HIV from their partners (Surabaya.go.id, 2022).

The rising incidence of HIV/AIDS among housewives highlights the vulnerability of women to infection from their spouses. Herbawani and Erwandi (2019) found that women aged 21–35 in East Java are at high risk of HIV infection due to their husbands' risky sexual behaviors. Biologically, female reproductive organs make women more susceptible to transmission (Widayanti, 2019). Consequently, many housewives—who engage in no risky behaviors themselves—must endure the physical, psychological, and social consequences of living with HIV/AIDS.

Housewives living with HIV/AIDS face multiple burdens: managing the illness, fulfilling domestic roles, and often becoming the primary breadwinners (Apsaryanthi & Lestari, 2017). They also encounter social stigma and discrimination, which exacerbate psychological distress and discourage adherence to treatment (Yani, 2020). Family and social support are therefore crucial in maintaining their emotional well-being and motivation to continue ARV therapy (Handayani, Sitorus, & Novrika, 2022).

From a psychological perspective, the ability of HIV-positive housewives to adapt to their circumstances is closely related to self-acceptance. Ryff (2013) defines self-acceptance as a central element of psychological well-being that enables individuals to acknowledge and value themselves positively. Germer (2009) describes self-acceptance as a conscious willingness to experience one's feelings, thoughts, and sensations as they are, through five stages: aversion, curiosity, tolerance, allowing, and friendship. Several factors—such as realistic expectations, social support, personal achievement, and a supportive environment—can strengthen this process (Hurlock, 1996).

Preliminary interviews with HIV-positive housewives in Surabaya revealed that most initially experienced denial, anger, and fear after being diagnosed. However, over time, they began to demonstrate higher levels of

acceptance, emotional control, and gratitude, focusing on their families and work. This phenomenon is particularly significant as it illustrates resilience and adaptive acceptance despite the stigma and challenges associated with living with HIV.

Previous studies have explored self-acceptance among women with HIV/AIDS (Rakasiwi & Nurchayati, 2021; Syafitasari et al., 2020; Firmansyah, Bashori, & Hayati, 2019). However, most of these studies have not elaborated on the detailed stages of self-acceptance and have rarely focused on early adult housewives who contracted HIV from their partners. Therefore, this study aims to describe the stages of self-acceptance among HIV-positive housewives in Surabaya, based on Germer's (2009) theory. The findings are expected to provide deeper insight into the psychological dynamics of women living with HIV/AIDS and to serve as a foundation for more targeted psychosocial interventions.

## THEORETICAL REVIEW

### *Overview of the Phenomenon of Women Living with HIV/AIDS (PLWHA)*

The spread of HIV/AIDS in Indonesia continues to increase and has a major impact on women, especially housewives who are infected by their partners. This condition creates a double burden—physical, social, economic, and psychological—because they still have to carry out their roles as wives, mothers, and breadwinners in the midst of societal stigma and discrimination (Herbawani & Erwandi, 2019; Pardita & Sudibia, 2014). Transmission from a partner causes severe emotional distress, such as stress, depression, and feelings of guilt (Yunita & Lestari, 2017), but disclosure of HIV status can improve self-acceptance and psychological well-being (Galuh & Novani, 2015). Thus, early adult housewives with HIV/AIDS face complex challenges in carrying out their developmental tasks, where the process of self-acceptance is an important factor to achieve adaptation and life balance.

### *A Study on Self-Acceptance*

Self-acceptance refers to an individual's ability to embrace their entire self, including both strengths and weaknesses (Bernard, 2013; Ardilla & Herdiana, 2013). For housewives living with HIV/AIDS, this process is essential as they face significant physical, psychological, and social pressures, such as public stigma and the challenge of balancing multiple roles (Apsaryanthi & Lestari, 2017). According to Germer (2009), self-acceptance develops through five stages—*aversion, curiosity, tolerance, allowing,* and *friendship*—which represent the emotional journey toward positive self-recognition. The level of self-acceptance is influenced by several factors, including realistic expectations, personal achievements, environmental support, self-understanding, stable self-concept, childhood upbringing, broad perspective, social adjustment, emotional stability, and positive social behavior (Hurlock, 1996). Previous studies indicate that strong self-acceptance enhances self-worth, confidence, and motivation to live meaningfully among people living with HIV/AIDS, particularly housewives infected by their partners.

### *Overview of the Stages of Self-Acceptance in Women with PLWHA*

People living with HIV/AIDS (PLWHA) experience complex social, economic, physical, and psychological impacts, including stigma, stress, depression, and loss of self-confidence (Pardita & Sudibia, 2014; Syafitasari et al., 2020). This condition is particularly severe among housewives who contract HIV from their husbands, as they must fulfill family responsibilities while coping with an illness caused by their partners' behavior (Hapsari & Arif, 2014; Yunita & Lestari, 2017). The process of self-acceptance among PLWHA requires a long journey through several stages—*aversion, curiosity, tolerance, allowing,* and *friendship*—as proposed by Germer (2009). Moreover, self-acceptance is influenced by factors such as realistic expectations, environmental support, personal achievements, self-understanding, and emotional stability (Hurlock, 1996). Although previous studies have explored self-acceptance among PLWHA, this study specifically focuses on the stages of self-acceptance among housewives in Surabaya who contracted HIV from their spouses, a group that faces the greatest psychological challenges due to the need to coexist daily with both the disease and its source.

## METHODOLOGY

### *Approach in Research*

This study employed a qualitative approach with a phenomenological method to describe and understand the stages of self-acceptance among women living with HIV/AIDS (PLWHA) based on their subjective experiences. The qualitative approach was chosen to explore the meaning of a phenomenon from individuals' perspectives in depth (Creswell, 2009), while the phenomenological method was used to reveal the essence of participants' lived experiences through detailed and contextual descriptions (Harahap, 2020; Herdiansyah, 2010). Accordingly, this research aims to explain the process and dynamics of self-acceptance among housewives living with HIV/AIDS as reflected in their everyday lives.

### *Data Collection Methods*

Data collection in this study was conducted through in-depth interviews and the use of significant others as a triangulation method. The in-depth interviews involved interactive communication between the researcher and participants to gain a comprehensive understanding of the stages of self-acceptance among women living with HIV/AIDS (Moleong in Mamik, 2015; West & Turner, 2007). The interview guidelines were structured around Germer's (2009) five stages of self-acceptance—aversion, curiosity, tolerance, allowing, and friendship—and Hurlock's (1996) ten factors of self-acceptance to explore both internal and external influences on participants' acceptance processes. Additionally, significant others, including family members, close friends, and partners, were engaged to validate and cross-check the data obtained from the main participants. All interviews were conducted online via Zoom Meeting, using a structured interview guide to ensure systematic and in-depth data collection.

***Data Analysis Techniques***

This study employed thematic analysis using a deductive or theory-led thematic approach to identify patterns and themes grounded in pre-established theoretical frameworks. Thematic analysis was chosen for its ability to systematically and deeply interpret qualitative data to capture the essence of the studied phenomenon (Heriyanto, 2018). Following Braun and Clarke (as cited in Heriyanto, 2018), the analysis process involved three main stages: (1) data recording and transcription from in-depth interviews, (2) coding, in which key words, sentences, or paragraphs related to the stages of self-acceptance were identified and organized, and (3) categorization, where key phrases and codes were grouped according to theoretical aspects and stages based on Germer's (2009) model and Hurlock's (1996) factors of self-acceptance. This analytical approach enabled the researcher to systematically interpret the dynamics of self-acceptance among women living with HIV/AIDS.

***Ethical Considerations***

This research has obtained permission from the Faculty of Psychology, Widya Mandala Catholic University Surabaya. Each informant signs an informed consent sheet after receiving an explanation of the purpose, benefits, and confidentiality of the research data.

**RESULTS**

Data Processing of Informant R

1. History Information R

Informant RH, a 36-year-old woman, is a housewife as well as a coordinator of the ODHA community in Surabaya (Unair Hospital and Dr. Soetomo Hospital). She lives with her husband and two sons aged 20 and 17 in West Surabaya. RH is the second of three children, and her husband (39 years old) works in the expedition field.

RH was diagnosed with HIV/AIDS in 2015, contracted from her husband who was previously involved in promiscuity and injectable drug use while in Jakarta, influenced by a broken family background.

When she first found out she was HIV/AIDS positive, RH experienced regret, depression, and unstable emotions because she felt innocent but had to bear the consequences. She also experienced fear of social stigma and had blamed her husband.

However, through the support of her family (husband, children) and the ODHA community, RH slowly rose and accepted herself. Internal factors such as the desire to look to the future, make children happy, build a harmonious family, and be a person who is useful to fellow ODHA also strengthen their acceptance.

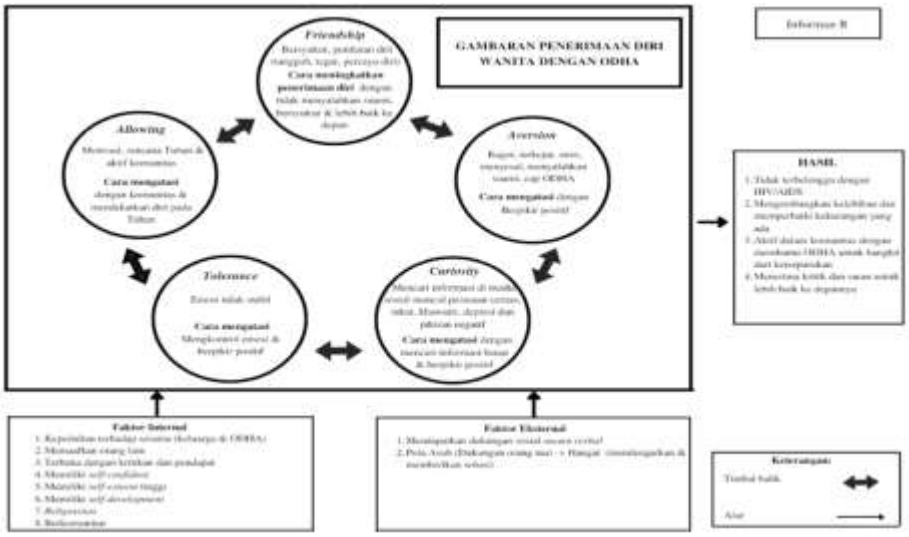


**Figure. 1 Overview of Informant R's Self-Acceptance**

2. Description of Informant Data Processing Results Chart R (RH)

RH informants go through five stages of self-acceptance after finding out they are HIV/AIDS positive, namely aversion, curiosity, tolerance, allowing, and friendship.

a) Aversion Stage:

RH felt shocked, surprised, stressed, sorry, and blamed her husband for her condition. She is afraid of losing her job, being shunned by colleagues, and worried about the future of her children. RH also feels inferior to the stigma of ODHA. To overcome this, she began to think positively, be active in the ODHA community, and do activities that she liked. Supporting factors at this stage include self-confidence and social support from the community.

b) Curiosity Stage:

RH began searching for information about HIV/AIDS through the internet, although initially she was overwhelmed with anxiety and worry due to inaccurate information and personal problems. He then sought scientific sources, consulted a doctor, and began to get acquainted with ARV treatment. Internal factors that play a role are an open perspective and a desire to heal.

c) Tolerance Level:

RH learned to control his emotions and try to think positively even though he had failed due to the influence of negative news about ODHA. She began to be able to find solutions to her own problems and forgive her husband. Supporting factors: self-development, problem-solving skills, and family support (especially parents).

d) Permitting Stage:

RH began to focus no longer on his illness, seeing HIV/AIDS as a test of God that strengthened him. She is motivated to rise up and help fellow ODHA through community activities, counseling, education, and book projects. Prominent internal factors: positive social behavior and high religiosity.

e) Level of Friendship (Peace and Full Acceptance):

RH achieves full self-acceptance — being grateful, obedient in worship, and helping other ODHA who are down. He considers himself a tough, tough,

and confident figure. The main factors at this stage are self-esteem, concern for others, and self-confidence to develop.

***Data Processing of Informant S***

1. History Informant S

The SC informant, a 35-year-old woman, is a housewife as well as a companion for ODHA and a member of the women's community with HIV/AIDS. She works at UNER and BDH Hospitals, and lives in West Surabaya with her husband and three children. His first child worked as a police officer, the second child was deaf, and the third child was affected by HIV/AIDS since he was in the womb.

SC is the youngest of five children, while her husband (41 years old) works as a construction worker and helps the family business. Family relations are now good, although previously there were problems because SC's husband had an affair, was fired from his job, and became a source of HIV transmission to SC. The relationship with the in-laws' family was also strained due to allegations of cheating on the SC.

When she first found out she was HIV/AIDS positive (2016), SC collapsed, felt regret, angry, and blamed her husband. She also experienced social pressures, such as neighbor gossip, family rejection, and fear after seeing negative news about HIV/AIDS.

In the face of her downturn, SC had resisted her condition, but slowly began to rise because of a strong impulse from within her — the desire to see a healthy family, make children happy, live longer, help fellow ODHA, and be open about her child's condition. Moral support from family, friends, and the community helped SC accept itself and look to the future with more optimism.

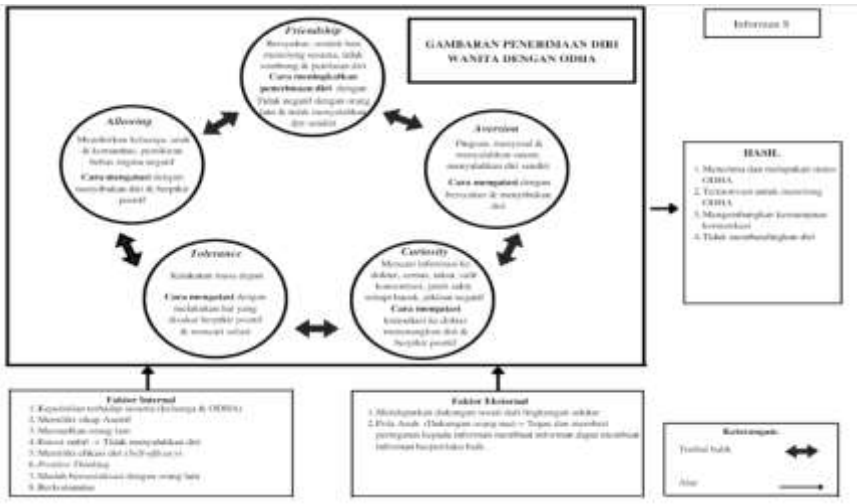


**Figure. 2 Overview of the Stages of Informant Self-Acceptance**

2. Description of Informant Data Processing Results Chart (SC)

SC informants underwent five stages of self-acceptance of the HIV/AIDS status they experienced since 2016, namely *aversion, curiosity, tolerance, allowing,* and *friendship*.

a) Aversion Stage:

After finding out she is HIV positive, SC falls unconscious, regrets, and blames her husband. She also faced stigma and gossip from neighbors who accused her of immorality as well as pressure from family who hoped she would separate from her husband. To overcome this pressure, SC is grateful, actively helps fellow ODHA, and keeps himself busy with work. Internal factors that support it are a sense of empathy and positive thoughts to develop, especially in communication skills.

b) Curiosity Stage:

SC begins to seek information about HIV/AIDS byconsulting a doctor, but feels anxious, worried, sleepless, and sick from seeing scary information on social media. He overcomes it by calming down, thinking positively, and participating in community activities. A strong internal factor at this stage is the ability to manage emotions and think rationally.

c) Tolerance Stage:

SC tried to remove negative thoughts, but failed due to fear of the future and social pressure. She overcomes it by doing positive activities such as listening to music, working, and taking care of the household. The main supporting factors are self-efficacy to achieve life goals (making children happy) and strict parenting so that it forms firmness and gratitude in them.

d) Allowing Stage:

SC begins to stop thinking about the illness, focusing on family, work, and community activities of the ODHA. She tries to remove negative stigma, become a webinar speaker, and provide support to fellow ODHA. Supporting internal factors are positive social behavior, open-mindedness, and high religiosity.

e) Friendship Stage:

SC finally accepts himself fully by being grateful, humble, and confident in his abilities. He sees himself as a person who is useful to others, able to solve problems, and is not affected by the negative views of others. Internal factors: self-efficacy and the ability to forgive the partner. External factors: consistent family support provides encouragement and practical assistance.

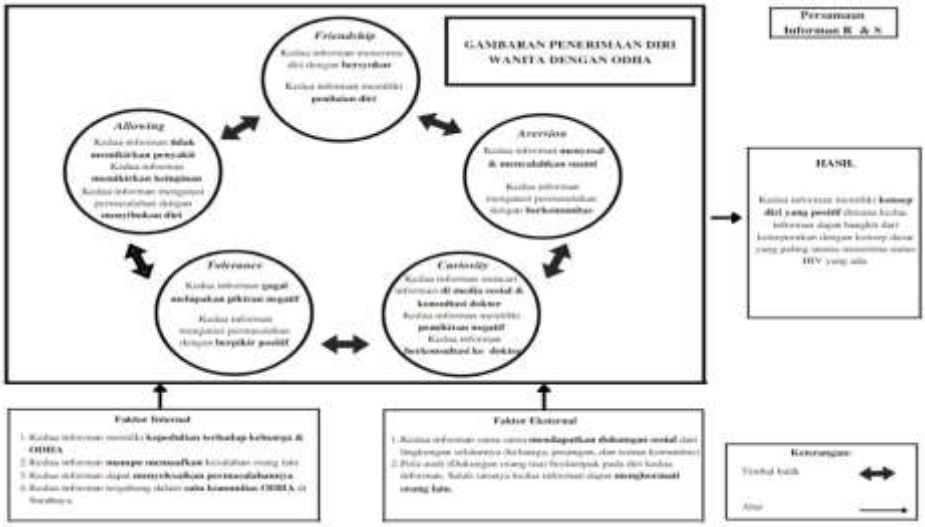


**Figure. 3 Meeting Points of the Two Informants**

*The Meeting Point of the Two Informants*

Both informants experienced similar stages of self-acceptance.

1. At the **aversion stage**, both regret and blame their partners, but are able to rise by helping fellow ODHA and being active in the community.
2. At the **curiosity stage**, the two initially did not know about HIV/AIDS and then looked for information (informant R through social media, informant S through doctor). After negative thoughts appeared, the two overcame it by consulting medical personnel.
3. At the **tolerance stage**, both of them try to erase negative thoughts even though they have failed, then learn to think positively and keep themselves busy with work.
4. At the **allowing stage**, both of them no longer think about illness and focus on life goals—informant R is actively educating people with ODHA, informant S focuses on working for the family.
5. At the **friendship stage**, both of them have fully accepted themselves, are grateful, and consider themselves to be tough and useful to others.

The **same internal** factors : the expectation of seeing a happy family, the ability to solve problems, and a good relationship with the community.

The **same external** factors : the support of a partner, family, community, as well as loving parental parenting, which helps both to achieve complete self-acceptance.

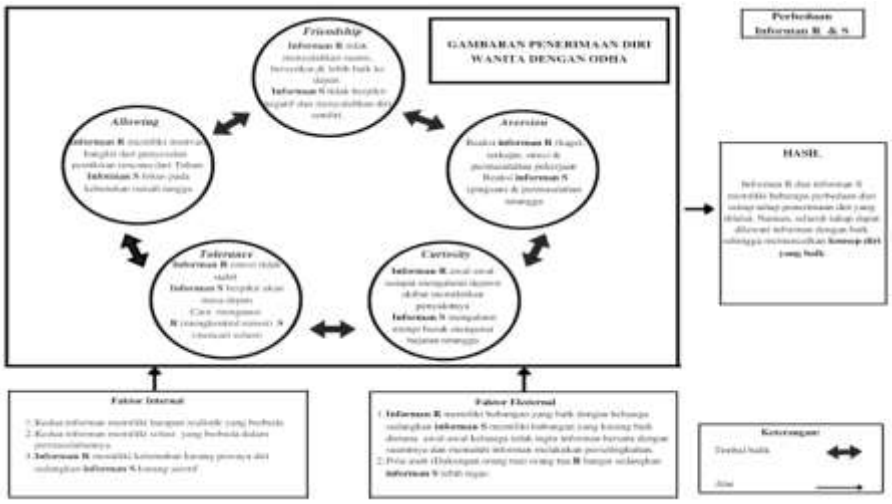


**Figure 4. The Difference Between the Two Informants**

*The Difference Between the Two Informants*

Both informants showed differences in emotional reactions, stressors, coping mechanisms, and forms of social support during the self-acceptance process.

1. **Aversion stage:** Informant **R** reacts with shock, stress, and distress due to work problems; while informant **S** faints due to social pressure from neighbors who accuse him of misbehaving.
2. **Curiosity Stage:** Informant **R** is depressed because he feels that his life is short and worries about the future of his children; while informant **S** is disturbed by nightmares and blasphemy from neighbors that worsen his emotional state.
3. **Tolerance Stage:** Informant **R** fails to forget negative thoughts due to unstable emotions, while informant **S** is due to fear of the future. R controls emotions by being silent when angry, while S seeks solutions by thinking openly.
4. **Enabling Stage:** Informant **R** is motivated to rise up and use his experience as a life lesson to help other ODHAs; while **S** is more focused on the responsibility of meeting the needs of his family.
5. **Friendship Stage:** Informant **R** increases self-acceptance by being grateful, worshipful, and active in assisting ODHA; while **S** focuses on not thinking negatively and not blaming himself.

**Internal Factors:** R wishes his child success, while S wants to tell his child about HIV in an honest way. R lacks confidence in public speaking, while S is less assertive in expressing opinions. In resolving the problem, R chooses to apologize first, while S chooses to forgive and is open to criticism.

**External Factors:** Partner support is different — partner R helps remind them to take ARV medication, while partner S provides emotional support and regrets the past. The relationship between the R family is well established, while the relationship between the S family was strained due to conflicts and accusations of infidelity.

Overall, the main differences between the two informants lie in the **source of the pressure, how to manage their emotions, their life goals, and the form of**

**social support** they receive during the process of self-acceptance of HIV/AIDS status.

## DISCUSSION

Self-acceptance is the ability of individuals to accept all their strengths and weaknesses in their entirety, which has a positive impact on personal development and social relationships. Based on the results of the research on two ODHA informants, both went through five stages of self-acceptance: aversion, curiosity, tolerance, allowing, and friendship. In the early stages (aversion), both experienced regret and blamed their partner for the illness they suffered, but then tried to get back up by helping fellow ODHA and being active in the community. In the curiosity stage, they sought information about HIV/AIDS to understand their condition, although there was anxiety due to negative information. The tolerance stage is characterized by trying to fight negative thoughts and learning to accept the condition by thinking positively. At the allowing stage, both of them began to focus on more meaningful things, such as working, helping the community, and fulfilling family responsibilities. The last stage, friendship, describes a state in which both have reconciled with themselves, are grateful, and use their life experiences as motivation to help others.

Internal factors that support self-acceptance include realistic expectations of making the family happy, successful resolution of conflicts with partners, self-confidence, adjustment to others, and positive social behavior in the community. While external factors include support from a partner, family, environment, and loving parenting experiences since childhood. Social support has been shown to strengthen self-acceptance by fostering a sense of being valued and loved. Through all these stages, the two informants showed the ability to forgive, think positively, actively work, and make the status of ODHA not an obstacle, but an encouragement to live more meaningfully and help others.

## CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the analysis, the two informants who are housewives with HIV/AIDS from their respective partners are able to go through five stages of self-acceptance — *aversion, curiosity, tolerance, allowing,* and *friendship* — with different dynamics and processes. In the *aversion stage,* both show a reaction of rejection and sadness to their condition. The *curiosity stage* is characterized by efforts to find information about HIV/AIDS even though it causes anxiety. In the tolerance stage, the informant experiences emotional instability, but tries to resist and deal with these negative feelings. In the allowing stage, they begin to let unpleasant feelings pass by directing the focus to positive things, such as family and community. Finally, at the friendship stage, the two informants achieve full self-acceptance by being grateful, making peace with the past, and using life experiences as motivation to help others.

This good self-acceptance is influenced by various factors, both internal and external, such as realistic expectations, success in facing problems, environmental support, self-understanding, stability of self-concept, loving parenting, social adaptability, and the absence of significant emotional disturbances. The most

dominant factor is a stable self-concept, where both informants have a strong belief to get up, help others, and realize a better life expectancy. This concrete form of self-acceptance can be seen from their ability to develop their potential (communication and cake-making), increase self-confidence, not be dissolved in HIV status, and actively help the ODHA community.

*Suggestion*

1. **For research informants:** It is expected to continue to maintain self-acceptance, develop their potential, and be an inspiration for other ODHA to remain empowered and optimistic.
2. **For families:** Positive support, both verbal and nonverbal, is essential to strengthen self-acceptance and reduce guilt in women with HIV/AIDS.
3. **For professionals:** The results of this study can be used as a reference for psychologists and medical personnel in providing psychological intervention and assistance for ODHA to achieve mental and physical balance.
4. **For the community:** It is hoped that it will not give a negative stigma to ODHA and increase knowledge about HIV/AIDS. Empathetic social support plays a very important role in strengthening self-acceptance and quality of life of ODHA.

## FURTHER STUDY

The researcher hopes that the results of this study can be a reference and source of information for further research in developing studies on self-acceptance with different themes. In addition, the researcher suggests that the next qualitative research take into account the time of data collection and analysis from the beginning so that the results are more optimal and accurate.

## ACKNOWLEDGMENT

The researcher expressed his gratitude to God Almighty for the completion of this research. Thank you to the informants, supervisors, and family and friends who have provided support, guidance, and enthusiasm during the research process. Hopefully this work will be useful for the development of knowledge, especially in the study of self-acceptance.

## REFERENCES

Ananda, S. (2021). Proses penerimaan diri gay di organisasi cangkang queer terhadap identitas seksualnya.*Jurnal Ilmu Komunikasi Komunika, 17(2)*, 1-8.

Andrianto, B. M., Setyawati. A. D., Muin, M., & Mendrofa, F. A. M. (2020). Koping religius pada kelompok penderita HIV/AIDS. *Journal of Telenursing (JOTING), 2(2),* 150-157.

Apsaryanthi, N. L. K. & Lestari, M. D. (2017). Perbedaan tingkat psychological well-being pada ibu rumah tangga dengan ibu bekerja di kabupaten Gianyar. *Jurnal Psikologi Udayana. 4(1)*, 110-118.

Ardilla, F. & Herdiana, I. (2013). Penerimaan diri pada narapidana wanita. *Jurnal Psikologi Kepribadian dan Sosial, 2(1),* 1-7.

Bernard, M. E. (2013). *The Strength of Self-Acceptance.* New York: Springer.

Citra, L. R. A., & Eriany, P. (2015). Penerimaan diri pada remaja puteri penderita lupus. *Psikodimensia*, *14(1)*, 67–86.

Creswell, J. W. (2009). *Research Design Qualitative, Quantitavive, and Mixed Methods Approaches.* New Delhi India: Sage Publication India.

Dewantoro, D. & Kurniawan, A. (2019). Acceptance and commitment therapy untuk meningkatkan acceptance of illness pasien positif HIV. *Persona: Jurnal Psikologi Indonesia, 8(1),* 97-112.

Dewi, I. A. S. & Herdiyanto, Y. K. (2018). Dinamika penerimaan diri pada remaja broken home di Bali. *Jurnal Psikologi Udayana Edisi Khusus Psikologi Positif, 5(2)*, 211-220.

Febriana, T. F. & Rahmasari, D. (2021). Gambaran penerimaan diri korban bullying. *Character: Jurnal Penelitian Psikologi, 8(5)*, 2021.

Firmansyah, O. B. M., Bashori, K., & Hayati, E. N. (2019). Pengaruh terapi pemaafan dengan dzikir untuk meningkatkan penerimaan diri Pada orang dengan HIV/AIDS (ODHA). *Psikis: Jurnal Psikologi Islami, 5(1),* 13-23.

Galuh, M., & Novani, D. (2015). Pentingnya pengungkapan status HIV/AIDS Odha pada orang terdekat. *Jurnal Berkala Kesehatan, 1(1),* 47–51.

Germer, C. K. (2009). *The Mindful Path of self-compassion.* United state of America: The Guilford Press.

Gunawan, Y. T., Prasetyowati, I., & Ririanty, M. (2016). Hubungan karakteristik ODHA dengan kejadian loss to follow up terapi ARV di kabupaten Jember. *Jurnal IKESMA, 12(1), 53-64.*

Hakim, N., L. (2013). Ulasan metodologi kualitatif: wawancara terhadap elit. *Jurnal Aspirasi, 4(2),* 165-172.

Handayani, S. P., Sitorus, R. J. & Novrikasari. (2022). Hubungan dukungan keluarga dengan terjadinya gangguan kesehatan mental pada penderita HIV/AIDS di kota Jambi. *Jambi Medical Journal, 10 (4)*, 515-525.

Hapsari, I. I., & Arif, S. S. F. (2014). Kebermaknaan hidup pada ibu rumah tangga yang terinfeksi HIV & AIDS dari suaminya. *Jurnal Penelitian dan Perguruan Psikologi, 3(2),* 65-73.

Harahap, N. (2020). *Penelitian Kualitatif*. Medan: Wal ashri Publishing.

Herbawani, C. K., & Erwandi, D. (2019). Faktor-faktor yang berhubungan dengan perilaku pencegahan penularan human immunodeficiency virus (HIV) oleh ibu rumah tangga di Nganjuk, Jawa Timur. *Jurnal Kesehatan Reproduksi, 10(2),* 89–99.

Heriyanto (2018). Thematic analysis sebagai metode menganalisa data untuk penelitian kualitatif. *Jurnal Universitas Diponogoro,2(3),* 2598-3040.

Heryana, A., Hubaybah & Putri, M.E. (2021). *JCA Health Science, 1(1),* 1-7.

Hurlock, E. B. (1996). *Psikologi Perkembangan (edisi kelima)*. Jakarta: Erlangga.

Kementerian Kesehatan RI (2018) [On-line]. Diunduh pada tanggal 8 Februari 2022 dari https://pusdatin.kemkes.go.id/article/view/19042200004/situasi-umum-hiv-aids-dan-tes-hiv.html

Kementerian Kesehatan RI. (2021). Laporan perkembangan HIV AIDS & penyakit infeksi menular seksual (PIMS) triwulan I tahun 2021. Laporan_TW_I_2021_FINAL1.pdf

Koritelu, M. C., Desi, & Lahade, J. (2021). Penerimaan diri dan kualitas hidup penderita HIV/ AIDS di kota Ambon. *Jurnal Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia, 9(2),* 263 - 274.

Kristanto, A. D. & Kahija. Y. F. L. (2017). Pengalaman coping terhadap diagnosis kanker pada penderita usia kerja di rumah sakit margono soekarjo Puwokerto. *Jurnal Empati, 6(2),* 1-9.

Kusumawardani, F. & Tifani, M. (2022). Dukungan sosial yang diterima dan konsep diri orang yang terinfeksi Human Immunodeficiency Virus (HIV) di jaringan Odha Berdaya (JOB) Bandar Lampung. *Jurnal Genta Kebidanan, 11(2)*, 56-65.

Latifah, D., Zainuddin, M., & Mulyana, N. (2015). Peran pendamping bagi orang dengan HIV/AIDS (ODHA). *Prosiding KS: RISET & PKM, 306,* 2442-4480.

Mamik (2015). *Metode Kualitatif*. Siodarjo: Penerbit Zifatama Publisher.

Marlinda, Y. & Azinar, M. (2017). Perilaku pencegahan penularan HIV/AIDS. *Jurnal of Health Education, 2(2),* 192-200.

Machdan , D. M. & Hartini, N. (2012). Hubungan antara penerimaan diri dengan kecemasan menghadapi dunia kerja pada tunadaksa di UPT rehabilitasi sosial cacat tubuh Pasuruan. *Jurnal Psikologi Klinis Dan Kesehatan Mental*, *1(2),* 79-85.

Matuzahroh, N. & Prasetyaningrum, S. (2018). *Observasi: Teori dan Aplikasi dalam Psikologi.* Malang : Penerbit Universitas Muhammadiyah Malang.

Maulidhea, P. Q. A & Syafiq, M. (2022). Gambaran penerimaan diri pada lansia yang dititipkan oleh keluarga di Panti Sosial. *Character: Jurnal Penelitian Psikologi, 9(1)*, 206-217.

Mendrofa, E. S., Rasalwati, U. H., & Nurusshobah, S. F. (2021). Penerimaan diri orang dengan HIV/AIDS di balai rehabilitasi sosial ODH "bahagia" Medan. *REHSOS: Jurnal Ilmiah Rehabilitasi Sosial, 3(2),* 165-188.

Meylani, R., Desi, Surwartiningsih, S. (2022). Penerimaan diri individu yang memiliki pasangan sebagai pemandu karaoke di Desa Sarirejo Salatiga. *Jurnal Keperawatan Muhammadiyah, 7(1),* 223-228.

Pambudi, H. B. & Darmawanti, I. (2022). Gambaran penerimaan diri pada remaja yatim/piatu. *Character: Jurnal Penelitian Psikologi, 9(8), 23-33.*

Pancawati, R. (2013). Penerimaan diri dan dukungan orang tua terhadap anak autis. *Psikoborneo, 1(1),* 23-37.

Pardita, D. P. Y. & Sudibia, I. K. (2014). Analisis dampak sosial, ekonomi, Dan psikologis penderita HIV AIDS di kota Denpasar. *Jurnal Buletin Studi Ekonomi, 19(2),* 193–199.

Pasaribu, R. S., Asfriyati & Andayani, L.S. (2019). Faktor-faktor yang berhubungan dengan kejadian HIV pada WPS ( wanita pekerja seks ) di klinik VCT ( voluntary counseling and testing ) wilayah kerja puskesmas Padang Bulan kota Medan. *Jurnal Mutiara Ners, 2(1),* 168-177.

Permatasari, V. & Gamayanti, W. (2016). Gambaran penerimaan diri (self-acceptance) pada orang yang mengalami skizofrenia. *Jurnal Ilmiah Psikologi*, *3(1),* 139–152.

Prameswari, V. & Khoirunnisa, R. N. (2020). Penerimaan diri pada perempuan korban pelecehan seksual yang dilakukan oleh keluarga. J*urnal Penelitian Psikologi, 7(4)*, 62-78.

Piran, A. Y. A., Yuliwar, R., Ka'arayeno, A. J. (2017). Hubungan antara penerimaan diri dengan kepercayaan diri dalam interaksi sosial pada remaja penyandang cacat fisik di panti asuhan Bhakti Luhur kecamatan Sukun Malang. *Nursing News, 2(1)*, 578-597.

Putri, D. P. K & Lestari, S. (2015). Pembagian peran dalam rumah tangga pada pasangan suami istri jawa. *Jurnal Penelitian Humaniora, 6(1),* 72-85.

Rakasiwi, G. A. & Nurchayati (2021). Penerimaan diri pada perempuan dengan HIV/AIDS (PDHA). *Character:Jurnal Penelitian Psikologi, 8(9),* 25-37.

Ryff, C. D. (2013). Psychological Well-Being Revisited: Advances in the Science and Pratice of Eudaimonia. *Psychother Psychosom*, *83(10)*, doi: 10.1159/000353263

Samawati & Nurchayati (2021). Self-acceptance remaja yang hamil di luar nikah. *Character: Jurnal Penelitian Psikologi, 8(9),1-13.*

Sari, D. S., Apriyanto, F., & Ulfa. M. (2022). Hubungan dukungan sosial dengan penerimaan diri pada remaja dengan orang tua bercerai. Media Husada *Journal of Nursing Sciene, 3(1),* 14-27.

Selvi & Sudarji, S. (2017). Gambaran faktor yang mempengaruhi penerimaan diri orang tua yang memiliki anak autisme. *Jurnal Psibemetika, 10(2),* 70-80.

Soliha & Masfi, A. (2017). Hubungan antara mekanisme koping keluarga dengan penerimaan diri (self acceptance) keluarga pasien HIV/AIDS di wilayah kerja puskesmas Bangkalan. *Jurnal Ilmiah OBSGIN, 10(10),* 1-10.

Surabaya go.id (2022). [On-line]. Diunduh pada tanggal 8 Februari 2022 dari https://www.surabaya.go.id/id/berita/64775/kasus-hiv-disebut-tertinggi-di

Susanti, R. W. D. (2019). Gambaran pengetahuan mahasiswa tentang HIV/AIDS di Universitas Pasir Pengaraian kabupaten Rokan Hulu. *Jurnal Maternal dan Neonatal, 2(6),* 341-349.

Syafitasari, J., Djannah, S. R., Rosida, L., & Hakimi. (2020). Gambaran penerimaan diri pada orang dengan HIV/AIDS (ODHA) di yayasan victory plus Yogyakarta (studi fenomenologi). *Jurnal Media Kesehatan, 13(1),* 30-39.

Taslim, F., Ninin, R. H., & Astuti, S. R. (2021). Gambaran psychological well being pada ibu rumah tangga di kota Bandung. *PSYCHE: JURNAL PSIKOLOGI UNIVERSITAS MUHAMMADIYAH LAMPUNG, 3(2),* 121-133.

Trihastuti, N. & Pujiyono. (2014). Rekonstruksi hukum perlindungan dan penegakan ham bagi ibu rumah tangga terhadap risiko tertular HIV/AIDS dari suaminya. *Jurnal Hukum Universitas Di Ponegoro, 43 (4),* 514-528.

Tumbage, S. M. E., Tasik, F. C. M., & Tumengkol, S. M. (2017). Peran ganda ibu rumah tangga dalam meningkatkan kesejahteraan keluarga di desa allude kecamatan kolongan kabupaten talaud. *E-journal " Acta Diurna",6(2),* 1-14.

Utami, N. M.S.N. (2013). Hubungan antara dukungan sosial keluarga dengan penerimaan diri individu yang mengalami asma. *Jurnal Psikologi Undayana, 1(1),* 12-21.

Utami, S., Mar'at, S., & Suryadi, D. (2017). Peranan logoterapi terhadap pencapaian makna hidup wanita dewasa awal (studi pada wanita dewasa awal yang terdiagnosa HIV karena tertular suami). *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni, 1(1),* 160-170.

Yani, F., Harahap, F. S. D., & Hadi, A. J. (2020). Stigma masyarakat terhadap orang dengan orang dengan HIV/AIDS (ODHA) di kabupaten Aceh Utara. *Media Publikasi Promosi Kesehatan Indonesia The Indonesian Journal of Health Promotion, 3(1),* 56-62.

Yunita, A., & Lestari, M. D. (2017). Proses grieving dan penerimaan diri pada ibu rumah tangga berstatus HIV positif yang tertular melalui suaminya. *Jurnal Psikologi Udayana, 4(2)*, 223-238.

West, R., & Turner, H., L (2007). P*engantar Teori Komunikasi Analisis dan Aplikasi.* Jakarta: Salemba Humanika.

Widayanti, L. P. (2019). Faktor risiko penderita HIV/AIDS di puskesmas gondang legi kabupaten Malang. *Jurnal Kesehatan Indra Husada, 7(1),* 52-61.