

# REDISCOVERING LIFE (POST TRAUMATIC GROWTH ON PEOPLE LIVING WITH HIV)

*By Niken Wulan Hasthi Murti*

**Original Research Article: Qualitative Research**

## REDISCOVERING LIFE (POST TRAUMATIC GROWTH ON PEOPLE LIVING WITH HIV)

Niken Wulan Hasthi Murti <sup>1\*</sup>, Sri Puguh Kristiyawati <sup>1</sup>, Ismonah Ismonah<sup>1</sup>

<sup>1</sup> STIKES Telogorejo, Semarang, Central Java, Indonesia

**\*Correspondence:**

**Niken Wulan Hasthi Murti**

STIKES Telogorejo, Semarang, Central Java, Indonesia

Anjasmoro Raya Road, Tawangmas, Sub-District Semarang Barat, Semarang City, Central Java, Indonesia-50144

Email: [nikenmurti08@gmail.com](mailto:nikenmurti08@gmail.com)

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**Abstract**

**Background:** Post-traumatic growth is a life change. People living with HIV who start to adapt to the current condition have a better life and positive emotion by rediscovering happiness. Post-traumatic growth occurs due to individual thoughts regarding life purposes and reviewing their life priorities.

**Objectives:** This study aimed to explore the post-traumatic growth process experienced by people living with HIV.

**Methods:** This study employed the qualitative study method with a descriptive phenomenology approach on six participants with HIV at Yayasan Sehat Peduli Kasih, Semarang. The participants were selected following the inclusion criteria, i.e. 24-25-year-olds with no cognitive disorders and regular treatments. The exclusion criteria in this study were participants who could not attend the interview process, although the researchers already made recurring appointments. The interview type utilized in this study was a semi-structured interview. The data analysis model in this study followed the data analysis steps of the Colaizzi method.

**Results:** Four themes emerged as part of post-traumatic growth. The four identified themes in this study are 1) early stage of HIV positive, 2) post-traumatic growth process, 3) becoming a better person after rediscovering life, and 4) future wishes after rediscovering life. The acquired themes are illustrations of post-traumatic growth in rediscovering life.

**Conclusion:** Most People living with HIV have rediscovered purposes and wishes, although they continue to eliminate self-stigma and transform self-image to be positive. It is necessary to develop an HIV intervention program to improve and help the sufferers encounter internal stigma. The interventions include any ECT and spiritual mindfulness that focus on improving self-confidence.

**Keywords:** HIV, Post Traumatic Growth, Self-Stigma.

### INTRODUCTION

HIV disease is a global problem in each country. Based on a study result collected from the United Programme on AIDS (UNAIDS) in 2019, 38 million people lived with HIV globally, and 36.2 million were adult People

living with HIV in new HIV cases. The number of people living with HIV in Indonesia was increased in 2020 by 32,293 people, in which most were aged 25-49 years, amounting to 69% of the total, and male (Kementerian Kesehatan RI, 2020). The increased number of people

living with HIV came from homosexual intercourse (Sidjabat, 2017).

Impacts of HIV positive include physical, social, psychological, economic, emotional, and spiritual problems. However, according to Halkitis (2017) in his study, people living with HIV experienced a positive change by rediscovering life meanings and healthy life. Positive change in individual life is called post-traumatic growth (Halkitis et al., 2017). Sufferers who adapt to the current condition have a better life and positive emotion by rediscovering happiness (Arriza et al., 2011). Post-traumatic growth occurs due to individual thoughts concerning life purposes and reviewing their life priorities. After individuals experience an event that shocks their psychology, they will reconstruct their cognitive process. In achieving positive post-traumatic growth, individuals undergo a long and challenging journey from the crisis period to rediscover positive meanings of the event finally.

Post-traumatic growth or PTG is a condition coming back to normal, maintaining and adapting towards trauma with the improved condition than previous. Post-traumatic growth experienced by individuals consists of several aspects, i.e., social relationship change, discovering new hopes, self-comprehension, improved spirituality, and appreciation for oneself. It illustrates significant positive changes in people living with HIV to handle various problems. Post-traumatic growth has several factors affecting its process, i.e., personality, social support, sex, spirituality, stressor, coping strategy, and time.

Based on information directly acquired by the researchers from People living with HIV, it was discovered that people living with HIV experienced stress when they were first found to be HIV positive. Stress occurring in sufferers is due to the sense of being unprepared to receive negative stigma, and the long-term treatment triggers negative emotional reactions such as anger and disappointment. People living with HIV experience the transition phase from healthy to sick, causing a life crisis. The

long process is included in the affective, cognitive change, causing individuals to be gradually released from negative assumptions.

Studies on post-traumatic growth on people living with HIV at Yayasan Peduli Kasih are limited, where a precedent study revealed that several people living with HIV under this institution have accepted the situation and made peace with the current situation. The study result by Mansaiz suggested positive cognitive change. This study was limited on the post-traumatic growth level X mind quantitatively. Therefore, the researchers would like to study post-traumatic growth experiences in male people living with HIV to acquire detailed illustrations.

## METHODS

### *Study Design*

The study design employed was descriptive phenomenology study.

### *Setting*

The study was conducted at Yayasan Sehat Peduli Kasih Semarang from 10 October 2021-30 December 2021.

### *Research Subject*

The study subjects were six People living with HIV following the inclusion data and fulfilling saturation since there were no new keywords in the interview process.

The inclusion criteria were 24-25-year-olds, having no cognitive disorders, and undergoing regular treatments. The exclusion criteria in this study were participants who could not attend the interview process, although the researchers already made recurring appointments.

Participants were collected from People living with HIV data under the supervision of Yayasan Sehat Peduli Kasih. Data were collected from the institution's staff. The collected data were then confirmed and adjusted to the inclusion and exclusion criteria. Participant selection was terminated when researchers failed to find new keywords during

the interview and were stopped on the sixth participant.

#### Data Collection

Data collection was carried out by in-depth interview using data a question guideline, field notes, stationery, and recorder as the data collection tools. During the study, the researchers tried to ensure participants that the information delivered by the participants will be kept for confidentiality by reconsidering the freedom to determine participants' willingness to deliver required information by signing an informed consent voluntarily. Participant identities were concealed by coding P1, P2, P3, and more, and the researchers' let participants selected the interview time and place.

#### Data Analysis

The data analysis process has seven steps: 1) The researchers got familiar with post-traumatic growth phenomena, then listened to the participants' verbal descriptions, followed by writing interview results in transcripts and reading the interview transcripts repeatedly; 2) The researchers identified all participants' specific questions regarding post-traumatic growth, then highlighted participant sentences relevant to the study objectives and categorized the same sentences in a table to create a category; 3) The Researchers identified meanings relevant to the phenomena using meticulous consideration against significant participant statements. The researchers employed the bracketing technique to hold on to participant experiences during categorization; 4) The researchers classified meanings from identified keywords into the categories acquired from all participant statements; 5) The researchers classified correlated categories to be formulated to create sub-themes or themes, in which the researchers then combined all themes in the subsequent step; 6) the researchers wrote all themes in a complete and concise description of participant statements that represent the core aspects of the examined phenomenon structure; and 7) The researchers validated study results by returning

a statement or description of the theme to all participants to ensure that the descriptions/themes obtained as the study result follow the circumstances or experiences of participants.

#### Trustworthiness

After collecting the data, the researchers processed the data. Data processing began by creating a verbatim transcription and field notes. After creating the verbatim transcript, researchers repeatedly read it to understand participant statements to acquire keywords to be classified into understandable categories to determine primary themes.

The data validity and credibility tests conducted by the researchers on study data, such as recording the interview result and listening to it repeatedly, aim to recheck whether data collected by the researchers are correct by clarifying the data towards each participant using data triangulation involving three researchers to improve data confirmation.

#### Ethical Consideration

This study has undergone the ethic test by the issuance of SK No: 020/X/KE/2021 29 November 2021 by P3M STIKES Telogorejo.

## RESULTS

#### Participant Characteristics

Participants in this study were People living with HIV at Yayasan Sehat Peduli Kasih. People living with HIV selected as the participants have undergone post-traumatic growth. Participant demographic characteristics were based on age, education, religion, ethnicity, marital status, and illness duration.

The participant characteristic illustration in this study can be outlined using the following explanation:

P1 is a 26-year-old person living with HIV, Islam, high school graduate, Javanese, and single. P1 has been diagnosed with HIV for eight years. According to P1, HIV is a warning. P2 is a 33-year-old person living with HIV, Islam, a high school graduate, and single. P2 considered HIV to cause their death. P3 is a 38-

year-old person living with HIV, Catholic, Bachelor's degree graduate, and Chinese. P3 has been diagnosed with HIV for six years. P3 asserted that HIV is terrifying and a disgrace. P4 is a 32-year-old person living with HIV, diploma, Javanese, and single. P4 has been diagnosed with HIV for four years. According to P4, HIV is a chronic disease. P5 is a 26-year-old person living with HIV, Islam, high school graduate, and Javanese P5 diagnosed for three years. Following P5, HIV is a disease leading to death. P6 is a 27-year-old person living with HIV, Islam, Bachelor's degree graduate, and Javanese. P6 has been diagnosed for seven years. According to P6, HIV is a deadly disease.

**Table 1.** Demographic Data (n=6).

| Characteristics          | Number of Participants |
|--------------------------|------------------------|
| <b>Age Group</b>         |                        |
| 25-45 Years              | 6                      |
| <b>Educational Level</b> |                        |
| High school              | 3                      |
| Diploma                  | 1                      |
| Bachelor's               | 2                      |
| Degree                   |                        |
| <b>Religion</b>          |                        |
| Islam                    | 5                      |
| Catholic                 | 1                      |
| <b>Ethnicity</b>         |                        |
| Javanese                 | 5                      |
| Chinese                  | 1                      |
| <b>Marital Status</b>    |                        |
| Married                  | -                      |
| Single                   | 6                      |
| <b>Illness Duration</b>  |                        |
| >1 year                  | 6                      |

Sources: Primary Data of Questionnaires, 2021.

*Study Context*

The study was performed at YSPEKA on People living with HIV. The study place's institution is a special institution for assistance and outreach of People living with HIV and risky individuals. The institution has People living with HIV assistance across Semarang residencies. The institution's job is to assist People living with HIV and risky individuals

undergoing treatments to do VCT and conducting socialization on HIV as the reacher.

The program concerning HIV in the institution, such as assistance and outreach, is conducted daily. This activity is called the peer support group (KDS) program. Activities in KDS are treatment and psychological assistance. The people responsible for the program are officers in the institution, including the leader and staff.

Yayasan Sehat Peduli Kasih is fostered by the Spiritia Foundation, where the foundation also collaborates with hospitals and health centers in Semarang City and several cities closest to Semarang. The collaboration with these agencies is related to HIV assistance and outreach. HIV assistance is divided by work area. The division based on this work area is considered controlling the use of ARVs and providing knowledge counseling and support.

*Study Result Themes*

The study result illustrates several themes based on the study objective. The study aimed to explore post-traumatic growth of People living with HIV post-HIV positive and acquiring four themes:

| Theme   | Sub Theme  |
|---|--|
| Initial stage of HIV positive                     | Sufferer comprehension on HIV post-diagnosis                   |
|   | Psychological responses of People living with HIV              |
|   | Physiological responses post-treatment                         |
| Post-Traumatic Growth Process                     | Support from closest people post-HIV                           |
|   | Become a better person   |
| Becoming a better person after rediscovering life | A figure playing a role the conscious process of accepting HIV |
|   |  |
| Future desire after rediscovering life            |  |

### **Theme 1: Initial stage of HIV positive**

Participants defined HIV as a disease leading to death. Participants considered that HIV could not be cured, is a cursed disease from sins, with uncomfortable psychological and physiological responses. The attitude towards death increased depression in people living with HIV. The post-HIV rejection theme consists of three sub-themes: 1) Sufferer comprehension on HIV post-diagnosis, 2) Psychological responses of People living with HIV, and 3) Physiological responses post-treatment.

#### **Sub-Theme 1: Sufferer comprehension on HIV post-diagnosis**

Participants revealed various HIV comprehension, where they suggested that HIV is a deadly disease, a scary thing, and discriminatory. This statement is as stated by six participants as follows:

*"HIV means I'm about to die"* (P2)

*"I thought that my life is going to end soon because of HIV. I became sensitive ..."* (P6)

*".....the physician couldn't think of anything, it was discriminative ....."* (P2)

Two participants said that HIV is a warning and destiny. The statement is as stated by participants as follows:

*"I think HIV is a warning since I got HIV from my mistake. I don't think I'm a victim. If I want to accuse, I'll blame A or B who had relationships with me, but then I come back to thinking that it is a warning to be better. Since I have HIV in my body, I can work well with people who understand about HIV and loving me. I become independent. Maybe, if I don't catch HIV, I will still be doing negative things. HIV changes me."* (P1)

*"I've done an VCT examination before so I know that HIV cannot be cured. I have to regularly consume the medication. I just think, well, I need to consume the meds. I think about how to inform my parents and face people. HIV is a destiny, and well, it is shocking."* (P5)

One person revealed that HIV is a chronic disease. The statement is as stated by a participant as follows:

*"I think HIV is a chronic disease (laughing), and it doesn't worry me that much (laughing)."* (P4)

One participant asserted that HIV is a disgrace that will bring shame to oneself and family and fear. The statement is as stated by participants as follows:

*"..... hmm, firstly, HIV is a disgrace from, hmm, forbidden relationship"* (P1)

*"Well, before I understand about it, HIV is scary ....."* (P3)

#### **Sub-Theme 2: Psychological responses of People living with HIV**

The participants have psychological responses such as changes in social interactions before diagnosis. Three participants revealed interaction changes with other people following these statements:

*"...I can socialize better, just a bit. But, I'm not open yet to my parents"* (P4)

*".....but after I caught HIV, I restrict telling my story. I told my story to friends I consider best friends about my HIV, but then they told the story to other friends. It feels like they deliver my HIV status without my knowing or consent ....."* (P1)

*"Yes, I become quiet and solitude. I close myself."* (P2)

*"I don't restrict my activities before or after knowing my HIV status, it remains the same ....."* (P3)

### **Theme 2: Post Traumatic Growth Process**

The post-traumatic growth process is experienced by people living with HIV when they receive emotional and direct support from closest people. Support from other people for people with problems or experiencing stress can come from parents or siblings. In continuing the life of People living with HIV, they require support from closest environments, e.g., family or social environment. The post-traumatic growth process theme consists of two

sub-themes: 1) Support from closest people post-HIV and 2) A figure playing a role in the conscious process of accepting HIV.

### **Sub Theme 1: Support from closest people post-HIV**

The participants received support from closest people such as family. Three participants revealed accepting support from closest people, particularly family. The statements from these three participants are as follows:

*"My family .... ..When I got diagnosed with HIV, I told them immediately ...."* (P1)

*"My family didn't know anything back then. I was a nomad, but finally I called my brother. I was about to start the therapy, and the hospital asked for CD4 and viralload lab results. For this viralload result, I had to go to Dharmais, and the lab result couldn't be taken in the same day or weekends. So, I had to tell my brother to go to Jakarta to take the lab result."* (P5)

*"My oldest sister is a midwife, so she medically knows about it and can understand me. She was one of the firsts to encourage me to take the visiti test before I know about the test."* (P2)

Participants also received support from closest people such as France. 3 participants revealed that they had support from friends or best friends. The statements of these three participants are as follows:

*"My close friend is also a HIV-positive person. I found him through an app. I told him I got HIV, and he also got HIV. We were confused as to how the treatment will be. Then I was interested to share my experience and go for treatment at the health center."* (P5)

*"Yes, I have several best friends. I was not introduced to an assistance, so I told my best friends and they gave me some solutions ...."* (P3)

*"My best friend always supports me regardless of my condition. God gives the best for me"* (P4)

*"My friend that I first told about my condition now is also positive and become my assistant. We support each other.."* (P6)

### **Sub Theme 2: A figure playing a role in the conscious process of accepting HIV**

Participants experiencing HIV and are aware to accept HIV positive are affected by figures playing a role in the conscious process. Participants stated that people living with HIV become conscious are affected by other people. The statement is as stated by six participants as follows:

*"....it's because I join a group called KDS, peer support group, in which it consists of People living with HIV. In KDS, I meet a small kid who was born with HIV ....."* (P1)

*"..... I thought to myself, how can she get it when she did nothing wrong. I then realized; I was wrong but I still couldn't accept it. Meanwhile, this kid did nothing wrong but still take the meds. I continued to think about it. It was a revelation for me."* (P2)

*"I am not an introvert. I tried to find literature from Google or close friends to give me suggestions"* (P3)

*"I reflect on myself and then would like to do better. What made me got this and what can I do to be better"* (P4)

*".....Self-introspection. I thought I won't be healthy if I continue to think too much about it ....."* (P5)

### **Theme 3: Become a better person after rediscovering life**

Participants suggested that HIV positive caused people living with HIV to be a better person. The statement is as stated by five participants as follows:

*"God leads me to this way to make me a better person."* (P2)

*"I won't repeat this mistake"* (P4)

*"One of the most crucial life lessons is that health is priceless"* (P1)

*"I can be the role model for my HIV positive friends during my working time and they become more aware of themselves"* (P5)

*"I can be the **training of trainer** since we are known by DKK people and health center people. It adds our channel to the Provincial Government. Wow, God's plan is good"* (P6)

#### **Theme 4: Future desire after rediscovering life**

Participants stated that after accepting HIV positive condition, the sufferers started to have desire to readjust their life as stated by 6 participants as follows:

*"I just want to be beneficial for others so that others can feel my presence"* (P6)

*"I want to have a partner in the future....."* (P2)

*".....homosexual relationships feel funny to me, I start to think about a serious relationship ....."* (P3)

*".....I want to have a female partner with HIV or without HIV who can accept my condition....."* (P4)

*"..... I really wish I can pursue higher education"* (P1)

*"Next year, I wish to be more organized in anything. I'd like to have a target for job A, for example"* (P3)

## **DISCUSSION**

This study acquired four themes. The theme<sup>10</sup> illustrating the initial stage experienced by People living with HIV is one theme, i.e., the initial stage of HIV positive. The theme illustrating post-traumatic growth is four themes, i.e., 1) post-traumatic growth process, 2) become a better person after discovering a life, 3) become a better person after rediscovering life, 4) living life after rediscovering life.

#### **Theme 1: Initial Stage of HIV Positive**

The initial life<sup>3</sup> post-diagnosis is the most challenging stage experienced by People living with HIV. When<sup>3</sup> first receiving the HIV positive diagnosis, People living with HIV had a stigma in themselves. The internal stigma experienced by participants is considering that their life is meaningless and will end on death. People living with HIV had psychological

pressure, causing depression and negative attitudes such as suicidal thoughts. These attitudes follow a<sup>5</sup> study by Ruffieux, stating that the suicidal rate on People living with HIV occurs due to internal stigma and long-term ARV treatment (Ruffieux et al., 2019).

People living with HIV have a negative stigma since they no longer have a good life, ability, and freedom, such as normal individuals. The internal stigma on People living with HIV is exacerbated by discriminative behavior, causing changes in psychosocial life, such as holding themselves from interacting with the environment and reducing social contact. On People living with HIV, the internal stigma is also worsened by the long-term treatment that affects physiological responses that the body cannot tolerate. This condition also increases the negative self-concept. According to Calhoun & Acocella, self-stigma is a part of self-concept divided into positive and negative self-concepts (Calhoun, J. F. & Acocella, 2004). The negative self-concept has characteristics such as individuals seeing an event as psychologically unstable where such individuals fail to identify weaknesses, strengths, and valuable things in their life (Chambers et al., 2015). The sense of being weak and useless is used as the incapability of individuals to continue life. The effect perceived from a negative stigma on oneself always has negative implications, such as the increased suicidal rate on People living with HIV. The positive self-concept restoration on People living with HIV to continue life post-diagnosis can be carried out by an intervention developed in the HIV community in handling HIV initial stage, i.e., narrative enhancement and cognitive therapy (NECT) (Roe & Yamin, 2017).

The NECT intervention is a cognitive therapy intervention that will change individual self-concept with self-stigma. The intervention performed by Roe in 2012 concluded that NECT delivery on sufferers undergoing regular treatment could change six domains to be better, i.e., learning experience, positive changes in self-experience, acquiring cognitive



skills, improving hope, and handling emotional changes (Hansson et al., 2017).

### *Theme 2: Post-Traumatic Growth Process*

People living with HIV have many unpleasant experiences post-diagnosis. A study by Reis mentioned that sufferers often experienced many psychological changes, such as losing life expectancy, a sense of guilt, a transformation of life goals, and depression ended with suicidal thoughts (Reis et al., 2017). These changes negatively affect people's mental health living with HIV, changing life quality. In getting through the critical psychological phases, people living with HIV require support from surrounding people to be better and facilitate self-acceptance in people living with HIV (Rzeszutek & Gruszczyńska, 2018).

Family support can include care, motivation, and compassion administered towards people living with HIV. These supports can take the form of asking about the treatment, follow-up, compassion, and acceptance from family members. It encourages people living with HIV to accept their condition. Although it requires a long time, the vital role of the family to understand and accept <sup>15</sup> improve the psychological conditions of people living with HIV (Huang et al., 2021).

People living with HIV receive support from family and non-HIV close friends. Support received by the sufferers our emotional supports in the form of acceptance (Po<sup>29</sup>l et al., 2015). Emotional support helps People living with HIV to com<sup>19</sup>unicate their struggles. Emotional support can improve the life quality of people living with HIV. According to Brown, humans are social beings that impact developing personality. For instance, support from the peer group gives positive encouragement to help people living with HIV to be closer to God <sup>3</sup> and deliver information concerning HIV medications (Brown, 2019). Interaction established by closeness and good relationships can help people living with HIV see meaningful and valuable lives for themselves and others.

Besides sup<sup>13</sup>, in undergoing post-traumatic growth, people living with HIV are aware of their HIV-positive condition and will continue life as normal individuals, helped by several figures playing a role to realize them (Mallinson, 2013). The behaviors in achieving self-acceptance on the HIV status are different for each person since it relates to how the individual conduct life after discovering the HIV positive status. When someone with HIV-positive status can accept themselves, the individual can make the current life better than before (Mimiaga et al., 2018).

### *Theme 3: Become a Better Person after Redi<sup>5</sup>covering Life*

People living with HIV hope to have a better life after accepting their physical status change and receiving support from the surrounding environment. People living with HIV with high motivation from the surrounding environment will have concerns towards health, such as the transformation of health behavior and risky sexual behavior. According to a study by Colmenero (2020), People living with HIV who accepted their condition tried to live beside the virus, which is called seropositive. It indicates improved self-treatment, fight for their life, love for themselves, and suppo<sup>24</sup> from the environment to continue life force people living with HIV to change their lifestyle to have a "normal" life.

People living with HIV are involved in the peer support community, where the community becomes the place for sufferers to share their experiences. The peer support group gives support in the form of information and motivation, where the statement is as stated by participants that the motivation gives posi<sup>23</sup> effect for life quality and self-confidence of people living with HIV to stand in public as a role model. Hope to become a better person focuses on new habits, such as fostering positive thoughts, having a healthy life, and starting a good social life to avoid loneliness and help the sufferers reduce stress and hopelessness.

Bahtiar expressed that one can reach the meaningful life level and process to be a better person, depending on the values they receive in their life process (Bahtiar et al., 2020). People living with HIV try to accept their current condition as the most critical life lesson not to repeat it, seek forgiveness to create spaciousness, increase self-control and minimize conflict. People living with HIV become more careful in regulating emotion and solving problems. Understanding the condition as a positive event will positively affect the sufferers (Rueda et al., 2016). The study results can help sufferers become better individuals by using psychospiritual interventions, namely Islamic spiritual mindfulness, which are used as a therapy that functions to improve mental health and improve individuals' personalities to become better individuals. The principles in mindfulness are intention, self-compassion, repentance, body scan, tawakal, relaxation with coughing, and evaluation that is felt by people living with HIV (Verhaeghen, 2019). This intervention is included in energy psychology which utilizes energy in the body to improve the state of mind, emotion, and behavior included in neurotransmitters that can then change a person's emotional state (Kenne Sarenmalm et al., 2017).

#### *Theme 4: Future Desire after Rediscovering Life*

Problems experienced by people living with HIV make people living with HIV to apply changes in their life to be better with various measures to solve their problems after getting through the crisis post-HIV diagnosis where people living with HIV experience shock, confusion, anxiety, and denial (Belenko et al., 2016). At this stage of denial, the sufferer tends to withdraw from the environment, causing the sufferer to have no place to share. After going through a period of crisis, sufferers find a turning point that is a major change in the way individuals see themselves, self-identity, or meaning in their lives. The sufferers start to face their disease and improve their positive

self-image to undergo HIV treatment, medication, and renewal (Miskijan et al., 2017).

The renewal begins with building a positive self-image, interpreting the disease as an opportunity given by God to correct past mistakes. Thus, making people living with HIV have personal goals in their lives such as sufferers starting to open up to HIV positive to potential partners so that people living with HIV have the desire to create a family, become a valuable person for others as currently being a companion for people living with HIV. The existence of routine ARV treatment adds new hope for people living with HIV at least providing a chance to live or live for people living with HIV to carry out normal activities in general (Li et al., 2017).

Currently, the informant has an HIV-negative partner or is called serodiscordant. Initially, people living with HIV are not open with their partners due to fear of being rejected. However, with the tendency towards having, they tend to want to know more about their partner (Kreniske et al., 2019). The desire to have an opposite-sex partner aims for a normal life and having offspring to fulfill sexual needs and continue the lineage (Choi et al., 2016). It should be sufferers who also plan for a bright career path. People living with HIV in the productive age group wish to fulfill life needs such as mature financial planning and a long-term plan before having a family like normal people.

#### **CONCLUSION**

Post-traumatic growth is a stable condition experienced by people living with HIV to live like normal people. Instead of result shows themes illustrating the process undergone by the sufferers to achieve the post-traumatic growth level for four themes: 1) Initial stage of HIV positive, 2) Post-traumatic growth process, 3) Become a better person after rediscovering life, and 4) Future desire after rediscovering life. The themes acquired are the illustration of post-traumatic growth in the process of rediscovering life. Most people living with HIV who rediscovered life have

rediscovered purposes and hopes, although they are still in the process of eliminating self-stigma and transforming the self-image to be positive.

Developing an HIV intervention program that can be developed in the community to improve and help sufferers to encounter internal stigma is highly required, e.g., NECT intervention and spiritual mindfulness that focuses on improving self-confidence.

## SUGGESTIONS

Educational institutions can teach students in the form of mentoring services that aim to teach or introduce students how to build mutual trust with people living with HIV who are currently still discredited by the community. Based on observations made in the field so far, services for people living with HIV are only oriented to treatment and education, and programs on mental health have not been fully implemented.

Collaboration between education and peer support services for people living with HIV can help develop interventions that can be adapted to the situation of people living with HIV to overcome problems that arise, such as strategies such as 1) Involving students in counseling sessions for people living with HIV, 2) Creating educational sessions consisting of students, people living with HIV, mentors peers, 3) Involving peer mentors and students in comprehensive training related to the holistic health of people living with HIV.

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## DECLARATION OF CONFLICTING INTEREST

None.

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## AUTHOR CONTRIBUTION

**Niken Wulan Hasthi Murti:** Collecting data, analysing data, compiling research results, conducting discussions, compiling manuscripts.

**Sri Puguh Kristiyawati:** Assisting in the interpretation of research results.

**Ismonah Ismonah:** Assisting in the interpretation of research results.

## ORCID

**Niken Wulan Hasthi Murti**

<https://orcid.org/0000-0002-8793-1814>

**Sri Puguh Kristiyawati**

<https://orcid.org/0000-0002-7908-7545>

**Ismonah Ismonah**

None.

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