

The Struggle of Waria Buddies to Achieve Symbolic Capital in an Infectious Diseases Intermediate Care Unit in Indonesia

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Abstract

HIV/AIDS is a major health issue that has become the concern of various parties. Infection Diseases Intermediate Care Unit (*Unit Pelayanan Intermediet Penyakit Infeksi* or UPIPI) is a therapy and treatment unit for people living with HIV and AIDS (PLHIV) in Dr. Soetomo teaching hospital, Surabaya, that employed 2 *waria(s)* (Indonesian term for male transvestite (Boellstorff, 2004)) who plays important role as a buddies in ministering, supporting, educating PLHIV.

Waria(s) involvement in public health service isn't common in Indonesia by reason of *waria(s)* negative stigma as a low class community and cheap prostitute. Using Bourdieu's theory of practice as theoretical framework, this qualitative study evaluates *waria(s)* involvement in public health service and how UPIPI personnel respond to them. The study design includes participatory observation and in-depth interview data collection techniques. Upon completion of this study it is found that *waria(s)* involvement in UPIPI is initiated by government's program to reach *waria* community in an HIV/AIDS prevention program. The unusual presence of *waria* buddies around the hospital is responded by the PLHIVs and physicians with generally slow acceptance to non affirmative attitudes. On the other hand, the buddy status brings relatively positive impacts on improving *waria(s)* life with the obtainment of various forms of capital: monthly income (economic capital); knowledge in caring and assisting PLHIV as well as better language skills (cultural capital); network expansion benefits (social capital); which are significant to their attempt in gaining social acceptance, recognition as a humanitarian worker status (symbolic capital).

Keywords: *waria*, HIV/AIDS, buddy, Bourdieu's theory practice

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Introduction

HIV/AIDS has been an important issue among other noteworthy health issues emerged. In Indonesia, HIV/AIDS prevention becomes the central government's concern due to the increased prevalence of PLHIV seen in every year. Based on studies conducted by AusAID in 2005 regarding HIV/AIDS emergency, it is predicted that Indonesia will arrive in a phase of generalized epidemic in 2025 (HTA, 2009). This situation has raised awareness from various parties to actively participate in the HIV/AIDS prevention program.

UPIPI is part Dr. Soetomo teaching hospital in Surabaya which handles therapies and treatments for patients, as well as plays as HIV/AIDS prevention centre of the hospital. Besides providing medical services, UPIPI collaborates with nongovernmental organizations (NGO) in providing social supports for patients. In UPIPI there are two *waria* buddies, their main duties are providing support, care, and education for patients. They recruited to work at UPIPI is the implementation of HIV/AIDS prevention program established by the government where one of the missions is targeting the key populations of the virus. This mission is one of the main strategies of action in preventing HIV/AIDS as well as overcoming and treating those who are already infected, with expectations of increasing both individual and collective awareness of HIV threat within such community (Oetomo, 2001: 197).

In Indonesia, the *waria*(s) are commonly understood as poor people or psychologically disabled (UNDP and USAID, 2014: 18), therefore their participation in public health service sector becomes less likely encountered in Indonesia. The *waria*(s) receive disadvantaging stigma which results in public hatred and phobia (Boellstorff, 2004a). People are aware of the presumed negative impacts that may occur regarding the contact with *waria*(s), this causes rejections to the *waria*(s), even though there is not yet constitution, law, or regional regulations that address issues regarding the *waria*'s circumstance; the *waria*(s) are simply defined as belonging to the male group in law and society (UNDP and USAID, 2014).

In Indonesia, the *waria*(s) define their circumstance as man who possesses feminine soul inside the body that influences their womanly appearance and behaviour (Boellstorff, 2004a). They are also often identified as lower class prostitute which only worsens the stigma (Oetomo 2001: 40). *Waria*(s) likely chance to handle wider range of customer type (homosexual and bisexual men) is made their positions as one of the key populations of the outspread of HIV (Joesoef et al in Crisovan, 2006: 53).

The differences between *waria*(s) with the two other established genders which are female and male cause the emergence of different perspectives within society. Society has not yet been able to understand and accept gender diversity on an individual, therefore they views *waria*(s) as manifestation of sexual perversion that can be cured. In 2012, the Indonesian Ministry of Social Affairs through its law even classified *waria*(s) as group of people with social welfare issues and thus they are advised to seek for rehabilitation (UNDP and USAID, 2014: 28). This fact only aggravates the stigma labelled to the transvestites in the social space.

The involvement of *waria*(s) in public service provides an opportunity for them to restore their stigma in society. As seen in UPIPI, the *waria*(s) prove that they can work skilfully by helping fellow patients to fighting the disease. With the help of Bourdieu's theory of practice that establishes identification of habitus, arena, and

capital, this study aims to interpret the social practice, investigate the process of formation of the symbolic capital that is created within the two *waria*'s attempt to eliminate the negative stigma in UPIPI.

Theoretically, in struggling within the social arena, each individual must have specific strategy to be able to maintain existence. To do so, individual may carry out the economic investment strategy or the symbolic investment strategy (Bonnewitz in Haryatmoko, 2003). With the *waria*'s poor background their option is limited to symbolic investment strategy to maintain their existence in the social arena, raise capital, and obtain symbolic recognition from the surrounding social environment and therefore finally renew the stigma. Symbolic capital is the unit of all forms of capital, and is the main strategy to reach desired social class as well as the recognition from social environment.

Theoretical Basis

Bourdieu's theory is a fundamental approach to investigate the power relations which are culturally and symbolically formed within the social changes taking place in society (Anggraeni, 2014), therefore knowledge, culture, customs, and environment of an individual become significant influences in forming the individual's practice in society. Bourdieu (in Maton, 2010: 51) summarizes his theory into: (habitus) (capital)] + field = practice.

a. Habitus

The term habitus is derived from the Latin word that refers to the condition, appearance, or habitual situation carried out by members of the human body. Habitus is rooted in the body and is manifested by the five senses possessed by a cultural actor which later determined the worldview of the symbolized someone (Jenkins, 2004: 107-108). Habitus is human's way of thinking, perspectives, action, cognition, way to undergo emotional sensation, and way of presenting the whole background of lives into actions in the present and the future. The actions are later socialized and adjusted according to the specific conditions in which they are established, thus they are indirectly related to the conditions of social class in society (Jenkins, 2004: 116; Haryatmoko, 2003). This mechanism allows the uniformity of lifestyle within a group of individuals that later recognized as the distinctive characteristics of the group that distinguishes it from other social groups. Such established system has been defined by Pierre Bourdieu (in Haryatmoko, 2003:9) through habitus which is a particular condition closely related to the circumstance of a social class existence.

b. Arena

Arena or social sphere comes in close proximity with habitus. Imagine an arena in which a football match takes place where players play based on the binding rules, therefore making the arena possess the special meaning for involved agents.

Arena is not a sole concept, just like the football players in the above imagery, they are the individuals or institutions that compete by implementing strategies to maintain or improve the position of the group in the social domain (Thomson, 2010: 68-69).

While Bourdieu (Web, undated) offers a definition of the cultural arena as follows:

A field is a field of forces within which the agents occupy positions that statistically determine the positions they take with respect to the field, these position-takings being aimed either at conserving or transforming the structure of relations of forces that is constitutive of the field.

The cultural arena consists of *field of forces*, which is a barrier to the operation of the arena. It is a space where *agent occupies* positions which are determined based on the amount of investment and the scale of involvement they exhibit. Each agent carries out the *position takings* or the positioning in the arena or in other words each agent actively seeks strategic positions in order to be able to play particular role within the arena. And above all, any action performed by the agent in the arena is *aimed at conserving or transforming the structure of relations of force* or intended to change the structure of power relations. The social agents compete to restructure the arena in a particular manner that is in accord with their interests, with the goal of dominating the arena accordingly (Web, undated). Dominating the arena becomes the ultimate goal of every social agent. They will try to change the rules or previously established doxa in order to gain more advantages for more powerful existence.

c. Capital

Bourdieu (in Tomson, 2010: 69; Haryatmoko 2003: 12) classified the capital into four, namely:

- a. economic capital, in the form of money and assets;
- b. cultural capital, which is defined as knowledge, taste, aesthetics, language, narrative, and sound;
- c. social capital, to address the affiliations and networks, family, religion, and cultural heritage;
- d. symbolic capital or the accumulation of all forms of capital which is also described as a capital that can "change" within different arenas, as well as the culmination of all forms of capital.

These forms of capital are utilized by the agents to win the competitions achieve social classes recognized within society. Each social class strives to establish its own attributes, which are expected to be the distinguishing characteristics that separate it from other social classes and competes to obtain or maintain various forms of capital that is intended to maintain its power (Haryatmoko, 2003).

Findings and Discussion

UPIPI was officially established in 2004 as a part of the Dr. Soetomo teaching hospital, Surabaya. The hospital itself plays an important role as the highest referral centre hospital for Eastern Indonesia region. As a part of the teaching hospital, the UPIPI polyclinic provides public health service under the supervision of Internal Medicine Department, Tropical Infection Disease Division of Airlangga University. All internal medicine resident are obliged to serve for three to four months at UPIPI as requirement for completion of their study. Along with the internal medicine resident,

there are also residents from pediatrics, dermatology and venereal medicine, psychiatry, neurology, dental medicine, pulmonary, and ophthalmic medicine departments who are also obliged to serve at UPIPI. This action make an easier acces to serve PLHIV.

By referring to the scientific campaign regarding the spread of the HIV virus through hypodermic needles, unprotected sexual intercourse, and blood contact, the government in collaboration with the respective NGO establish the HIV/AIDS prevention program by targeting the key populations considered at higher risk of HIV/AIDS infection, namely the sex workers, drug users, and gay communities, in order to recruit them to actively participate in the prevention program centred at UPIPI. For this reason UPIPI has recruited five HIV positive buddies providing services for the PLHIV. Each buddies represent the key population of HIV, which are *waria(s)*, former drug users, prostitute, and house wife. Interestingly, the life background of the buddies brings advantages as they are able to facilitate and interact more effectively and indiscriminately both with the old or new patients at the UPIPI.

a. Habitus

Yeni and Mia are two *waria* buddies at UPIPI. Yeni is a 49-year-old *waria* who holds high school diploma from *MAN* (*MAN* stands for *Madrasah Aliyah Negeri* which is the type of religion based high school for Islamic studies) and was identified as HIV positive in 2000. While the 33-year-old Mia holds junior high school diploma and was identified with HIV in 2008.

Beside their current profession as buddy for the patients at UPIPI, both Yeni and Mia have actively worked for NGO. Between 2000 and 2013 Yeni worked for a NGO, while Mia is currently registered as active worker for two NGOs. Their active participation in the NGOs benefits them since they have been through various trainings and experiences during the time. Their knowledge and experiences are the capital they posses to start as a buddy in providing health care for patients at UPIPI.

Yeni remarked that her/his life as a HIV positive *waria* has been very tough. Yeni was dismissed from her/his job and had to experience another hardship through an irresponsible reporting of her/himself on a local newspaper in 2000 entitled "A Lamongan-Origin *Waria* Infected by Deadly Disease", while the fact is s/he had never been interviewed by the relevant media (interview with Yeni, 4 February 2014). Yeni described s/his job as buddy who responsible for providing supports for patients, advocacies, and the handling of patients. Armed with her/his experience incoperated in the NGO, s/he often asked by UPIPI patient families for caring their relatives who are hospitalized. For this services, s/he receive a wage of IDR 100,000 per day. S/he feed the patient, accompany, bathing, and assisting them during the admission in UPIPI. As for Yeni, his work as a buddy at UPIPI has been her/his main source of income currently.

Yeni commented on her/his performance at work as lacking and not yet her/his best performance. While other fellow buddies are also taking chance to do home care basis services, Yeni decides that s/he will only dedicate her/himself for the inpatients because of her/his limited capacity which is due to age factor. Yeni's preference displays how habitus gives an opportunity for concepts of autonomous, free, and rational individual (Haryatmoko, 2003). In Yeni's case, her/his habitus is structured by which rational options that makes him convenient to carry out her/his routine as a

buddy. Yeni's choice is made autonomously and freely based on awareness of her/his state.

The different story was narrated by Mia who happens to have a regular income from the NGO s/he is working for serving as buddy. Different from Yeni, Mia's duties only revolve around the outpatient's needs such as picking up prescribed medicines, giving information regarding HIV/AIDS patients' treatment, as well as helping in managing patients' administrative affairs. Not only providing supports for the outpatients at UPIPI polyclinic, Mia also actively participates on health care, home care and community care run by UPIPI and NGO. Mia's life does not stop only on patients care and HIV/AIDS activist routines, s/he has been managing a bridal and makeup salon s/he owns and this causes her/him even busier. Just like Yeni, Mia's routines show her/his autonomy over her/his habitus.

b. Arena

Bourdieu (in Webb, Schirato, and Danaher, 2001: 23) explained that the competition within arena to achieve capitals is intended for reproductions and transformations. The limited background state such as lower education level and lack of experiences forces social agents to adapt and compete for various forms of capital. When one managed to gain the desired capitals, the individual's values can be reproduced and transformed into the arena, therefore brings influences on the sustainability of habitus of other social agents who compete within the same arena.

UPIPI is a social space where the *waria* buddies with patients and hospital staffs. Through observations it can be concluded that the patients assisted by the *waria*(s) experience benefits of assistance and supports from them. The interaction between patients and *waria* contributes in renewing their old views regarding *waria*'s negative stigma. There are gradual mindset and attitude changes displaying affirmation or acceptance among patients wherefore they are no longer understanding the *waria*(s) based on negative stigma circulating in society. As observed, the UPIPI has become a more comfortable space for PLHIV to meet and socialize.

Yeni and Mia started with hardships in carrying out their duties and interacting with other UPIPI medical staffs. However they are fully aware of the situation since they are powerless towards the labelling and stigma. The common belief understood by the patients or other non *waria* staffs is manifested into reluctant attitude towards Yeni and Mia. This situation portrays the *field of forces* which are the barriers in the operating of arena. As in UPIPI, the *field of forces* becomes less visible through times because of Yeni and Mia's attempt to perform their best in assisting the patients. They gain patients trust and accepted in this society.

The appealing point regarding the state of UPIPI arena is that Yeni and Mia are possessing more types of cultural capital in the form of knowledge and skills related to HIV/AIDS care therefore the patients do not necessarily struggle for status change or taking over Yeni and Mia's 'position' as the ones with more cultural capitals. In other words, within the UPIPI arena the power structure change does not necessarily occur in terms of relations between patients and the *waria* buddies.

As a referral hospital in East Java provincial government, Dr. Soetomo teaching hospital is able to provide health services in more reasonable cost than private hospitals. At UPIPI each patient is charged IDR 15.000 for consulting fees, while the

HIV/AIDS medicines are provided through government subsidy mechanism as free facility for patients. The minimum cost and free facilities provided by UPIPI attract more lower class patients to seek for treatment. This condition is interestingly advantaging Yeni and Mia in terms of easier and more comfortable chance of interactions since they come from the same social class with most patients. Yeni and Mia's status becomes parallel to the patient's circumstance and social agents who happen to stand in positions with parallel relation know how to act in the social arena because the understanding occurs in a "natural" way (Thomson, 2010: 70). The natural understanding relationship between the *waria(s)* and the patients can be seen through how both parties are supporting each other. Yeni and Mia are keen on promoting better awareness of physical health to the patients while the patients are appreciating Yeni and Mia's performance at the hospital which is very empowering for Yeni and Mia's circumstance. The shared concern later becomes the medium for better relations between the *waria(s)* and the patients.

However, the challenges come from the residents who regularly serve at UPIPI. Three residents interviewed agreed that they actually find it comfortable to work with Yeni and Mia. They look up to Yeni and Mia for their skills and mastery of knowledge related to the handling and therapeutic treatment of HIV/AIDS patients. Nevertheless, this does not necessarily change the way they view the *waria(s)* in general. One of the two male resident expressed his awkwardness and difficulties to interact while being in the same room with Yeni and Mia. The resident's attitude towards Yeni and Mia indicates that they are still aware of the negative stigma labelled on the *waria(s)* despite the facts that they acknowledge Yeni and Mia's capabilities and are co-workers.

The reluctant attitude displayed by the residents is also an interesting point of discussion in this study. During the times spent with Yeni and Mia, it can be inferred that Yeni and Mia possess the nature of behaviour characterized with expressiveness in their way to communicate with others they have known well. In some occasions they show affection through flirtatious greetings, teasing, chin pinching, hands holding, and even crotch pinching to those they are close with. Here, I understand the feeling of discomfort from male medical staff, since such behaviour may be considered too vulgar.

Besides caused by their unique behaviour, the awkward relationship between resident and the *waria(s)* is also caused by Yeni and Mia's skills and knowledge in HIV/AIDS care and patients handlings, since they have more experiences and well trained, compared to the resident's experience who only four months rotating in UPIPI. Yeni and Mia are even able to understand every kind of medicine used in patients treatment, including being able to memorize the types of drugs used by each of patients they assist. Yeni and Mia's trained capabilities in simple pharmacology are the cultural capitals they gained as long life HIV/AIDS activists and as buddy at UPIPI. Even though Yeni and Mia have never received medical related formal educations, their experiences and knowledge stand as their cultural capital strength. In other words, the residents as the supposedly more capable since they have received the formal educations and been through examinations to be at their place are threatened with Yeni and Mia's skills in practical HIV/AIDS care and patients handlings.

As a teaching hospital, Dr. Soetomo is the place where the residents and interns have the chance to interact and build networking not only with medical staff but also other community. However from different background of individuals it can be seen that the barrier between the residents and medical staff, especially the *waria(s)* buddy, is very visible making the discriminating atmosphere which is not necessary to happen when it comes to providing good public health services. Moreover the common sense regarding the *waria(s)* is taken for granted by most people including inside the hospital environment because women's rights activists, Muslim militants, human rights advocates, people from religious circles, and the health science experts are in fierce debates as to defining "normal" gender, "normal" body, and "normal" sexuality, making the existence of transvestites and other people out there that identify themselves as not belonging to the "normal" groups even harder (Wieringa, 2010).

The resident's with their knowledge and position as one who act as a decision makers in UPIPI, has authority compare to medical staff and buddy. Since the cost of medical specialist degree is quite high, which can be understood that only those from the upper middle class or those who are very bright and lucky enough to receive scholarships can afford the education. The structure of possession of capitals of the residents allows them to take the position as the heteronomic principle holder or social agents that dominate the arena both economically and politically (Bourdieu, 2012: 15-19). The residents occupy status as medical staff who possess economic capital and symbolic capital which is standardized knowledge of a variety of diseases, especially HIV/AIDS they received from academic lectures in classrooms; while Yeni and Mia, despite their social class, are practically more knowledgeable on HIV/AIDS issues because of their own state as HIV positive patients. Noticing the shared forms of knowledge with the residents, Yeni and Mia uses the chance to negotiate their status against resident's status. The negotiation is aimed to change the structure of power relations at their working unit, with expectation that the arena will transform by way of their desired interests (Web, undated). This mechanism displays how competition between social agents to dominate the cultural arena occurs.

c. Capital

(1) Economic Capital

Despite the limited working opportunity for *waria(s)*, Yeni and Mia prove that they can survive by actively engage in humanitarian works through NGOs and their current job as buddy at UPIPI. Their services becomes the income source for their daily life. Yeni earns money by nursing and assisting patients. Occasionally, he receives tip when delivering drugs to the patient's home and taking care of patients' administrative affairs. Yeni is smart enough to manage his financial condition so that he is able to save some of his income to buy a motorbike and even planning to pilgrim to Mecca (Hajj).

The different story was told by Mia who leave his profession as sex worker and start working as full time buddy at UPIPI while also managing the bridal and makeup salon business s/he owns. Some of her/his salon customers are fellow UPIPI staffs and patients. Mia commented her/his work as a volunteer as means of advancement in his career life. As a buddy at UPIPI, Mia met the opportunity to visit Thailand to

represent the NGO he is active in. He also had the chance to travel around Indonesia to undergo training and activities conducted for PLHIV.

(2) Social Capital

UPIPI is a social arena where Yeni and Mia interact with patients, medical and non-medical staffs Dr. Soetomo teaching hospital. Yeni and Mia admitted that as a buddy at UPIPI not only financially benefit them but also socially contribute life advantage in the form of friend circle. The connection Yeni and Mia has built with other medical staff is very useful. At times when they or their family members need health treatment because of illness, the consultative session and prescribing can be arranged more easily for them, compare to regular patients.

Working as a buddy give them a new life experience. Yeni's extraordinary life story attracted a local newspaper to publish a report in respect to his circumstance as HIV positive *waria* buddy who dedicate his life to assist PLHIV. Aside from the privileges and media recognition, Yeni and Mia also experience the chance to be in friendly term with the medical staff. Once in a while, some doctors they know will buy them lunch and spend some times to talk with them at the hospital's canteen.

By observing the structure of social capital possessed by Yeni and Mia, it can be understood that the continuous interaction and struggle in their arena in a certain period of time, creating a chance for them to earn social capital. This circumstance is in accordance with Bourdieu's argumentation of social capital as an asset possessed by the privileged people and is a means to maintain their superiority (in Field, 2011: 31).

(3) Cultural Capital

Through trainings and workshops, Yeni and Mia gained knowledge and skills regarding HIV/AIDS care which later becomes very useful in doing their job. Having been through experiences in attending formal public assemblies, Yeni and Mia have been learning to develop their confidence and communication skills. Despite his lacking formal education background, Mia is able to show confidence in interacting with people at the hospital. Similarly, although often using Javanese in daily communications, Yeni is able to show his amazing ability in public speaking when attending public meetings such as community care forum for PLHIV.

Besides communication skills, Yeni is also known as having capabilities as a fluent Qur'an chanter and therefore s/he is frequently asked to lead the prayer. Their struggle to earn more cultural capital does not stop there. During the interview, they often used some English terms and expressions they learned from public meetings they attend showing their efforts to improve their cultural capital through language skills. Words and other terms of a discourse is a practical intervention in social life, which influences as well as explains the individual's social life (Jenkins, 2004: 239).

(4) Symbolic Capital

Symbolic capital is the main objective to be achieved in a social arena. However, an achievement always comes side by side with recognition of the other party (Martini, 2003). When one is expecting the culmination of their path to accomplish goals, there should be other party to verify that the process is successfully accomplished. The

recognition is gained and renewed over and over again because the human's nature is making objectives, accomplishing them, and seeking ways to maintain or to put the accomplishment to the next level, thus reproducing the other party's assessment towards the accomplishment at the same time (Haryatmoko, 2003: 15).

The recruitment of *waria* buddies at UPIPI was originally intended to embrace them who need assistance and advocacy in respect of HIV/AIDS, as well as empowering and providing *waria* working opportunity. This attempt later found as able to bring more advantages to the *waria*(s). Despite the negative labels carried by Yeni and Mia, a patient under their supervision expressed a desire to work as a buddy which is inspired by Yeni and Mia's helpfulness in giving assistance (Patient Y, June 17, 2014). Yeni and Mia have inspired others to participate in raising concerns regarding HIV/AIDS issues and helping patients. As paid volunteers, Yeni and Mia are finally able to leave their job as prostitute, therefore increasing social recognition towards their existence in society. The *waria*(s) who have been labelled with negative stigma as lower class community, marked by a lack of ownership of economic and cultural capital, is now capable to dismiss the notion through humanitarian works that brings economic, social, cultural, and symbolic advantages.

The economic capital that *waria* buddies gain, is not as higher as other medial staff, that is the reason they using cultural capital as their main strategy to maintain their existence in order to gain recognition from others, reproduce the common view regarding their circumstance and negotiate their position with other forms of capital they have.

Conclusion

The beginning of the involvement of *waria* to support public health service at UPIPI was due to the lack of human resources in carrying out polyclinic's HIV/AIDS prevention programs therefore reaching out the *waria* communities. Yeni and Mia's role as buddy to the HIV positive patients is interestingly able to restore others' perspectives regarding the *waria*'s circumstance in society. Their role as buddy prove that they can independently earn monthly income through a more acceptable way than prostitution as a form of their economic capital. Compare with majority of *waria*(s) in Indonesia, they are much luckier. Their profession becomes their medium to gain cultural capital in the form of skills regarding nursing and assistance to patients, as well as language skills. Moreover, the social capital advantage also follows as they get the chance to expand their social circle. And above all, those forms of capital obtained by Yeni and Mia as *waria* are accumulated into the symbolic capital, which contributes in the process of acceptance and recognition of their circumstance from the hospital residents in which they are acknowledged as the humanitarian workers.

In this study, it can be found that allowing more working opportunities for the *waria*(s) with HIV is one applicable act to promote restoration of labels from society. This should become a revelation of the presumption regarding hetero-normative perspective about gender and its impact on one's performance in working field. The *waria*(s) have been the victim of false labelling and misleading judgement directing attention to their extraordinary state as individual and as part of the society. Being given the opportunity, Yeni and Mia prove that they are able to fulfil their duty and exhibit the required skills needed as companion for the PLHIV. As people who work in public health service field, Yeni and Mia display the impressive humanity which is

just as normal as what those who belong to male and female gender types might display. Stigma is agreed by most people whose accuracy tends to be biased and not verifiable. More working opportunities for the *waria(s)* allow them to participate more in the normative social terms and thus prove that the stigma is a misleading common sense. Yeni and Mia are examples of how *waria(s)* gain positive impacts (the acceptance) during the process of participating in public health service which can be seen as also bringing advantages for others (their patients) as well as advantages on all *waria(s)* at large.

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