

# The Analysis of Spirituality of Patients with HIV/AIDS in Taking Lessons and Self-Acceptance

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## Abstract

**Context:** Nursing care on the spiritual aspect is focusing on the patients' acceptance of their diseases; thus, people living with HIV (PLWH) are able to accept their diseases and are able to take the lesson. PLWH do not only deal with the condition of the disease but also by discriminative social stigma. **Aim:** The aim of this study was to explore, describe, and interpret the experience of spirituality to self-acceptance in patients with HIV/AIDS. **Research Methodology:** This research is a qualitative approach by descriptive phenomenology of participants involving as many as 10 people, consisting of 5 men and 5 women. All participants are muslim with the education level range from junior high school to university. The ages ranged from 29 to 46 years. **Results:** This research identified the two themes which are: (1) being able to take the lesson from their diseases, and (2) self acceptance as people living with HIV/AIDS. There were 10 participants participated in this study. A method of in-depth interviews and observation is a help of data collection. Data analysis used was Creswell method. **Conclusion:** Results of the study suggested the patients to get motivated and to develop aspects of spirituality so that it can help to ease in the process of self acceptance, as getting closer to God through pray, read the Quran, fasting, etc.

**Keywords:** Spirituality, self-acceptance, HIV/AIDS able to take lessons

## INTRODUCTION

According to the UNAIDS (2013),<sup>[1]</sup> the incidence of HIV/AIDS in South and Southeast Asia was about 3.9 million people living with HIV (PLWH) in 2012 and 270,000 people becoming newly infected with HIV. Thus, South and Southeast Asia placed the third rank of the highest HIV/AIDS incidence after the states of sub-Saharan Africa and North Africa.<sup>[2]</sup>

In West Sumatra, it was reported that there were 1136 people infected with HIV and 952 people living with AIDS. The percentage of AIDS from September 1987 to September 2014 occurred in male group (54%) was almost two times higher than in female group (29%). According to the type of occupations, AIDS sufferers in Indonesia are mostly from housewife group of 6,539 people, then 6203 people from entrepreneurs, and 5638 people from nonprofessional personnel (employees).<sup>[3]</sup>

Stigma is when people and society believe that someone is bad and should be shunned, considered contemptible, and even should be avoided from the association in the surrounding community.<sup>[4]</sup> The prevention and elimination of discrimination experienced by PLWH/AIDS (PLWHA) both in health-care

units, workplaces, in public service places such as hotels, the family environment, and in the general public places should remain a priority and become an integral part of HIV/AIDS prevention efforts.<sup>[5]</sup>

Lack of community knowledge also affects the high stigma of HIV, which results in low support and care received by PLWHA. Support from nearby people is expected to help rebuild the spirit of HIV sufferers and the process of self-acceptance.<sup>[6]</sup>

Being a person living with HIV/AIDS is a tough condition in life, due to the complex issues every day. Those people do not only deal with disease conditions, but also with a very discriminating social stigma. People who are tested positive for HIV will definitely experience or face complex issues such as bio, psycho, social, and spiritual issues.<sup>[7]</sup>

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**Website:**  
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**DOI:**  
10.4103/IJPC.IJPC\_203\_18

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**How to cite this article:** Sulung N, Asyura R. The analysis of spirituality of patients with HIV/AIDS in taking lessons and self-acceptance. *Indian J Palliat Care* 2019;25:232-5.

Potter<sup>[8]</sup> states that the discovery of spiritual meaning on clients with HIV/AIDS is a unique personal experience for each client of HIV/AIDS that can give a different meaning because it is influenced by the fighting power of each individual to connect and become part of something that is beyond the control of the individual, the integration of knowledge, the values that the individual believes, and the behavior. This causes that the clients of HIV/AIDS can differ from the meaning of the spiritual experience, so it is necessary to do research by phenomenology to explore the unique meaning of spirituality of clients with HIV/AIDS in facing their illness conditions.<sup>[4]</sup>

The study aims to explore, to describe, and to interpret spiritual experiences in taking lessons and self-acceptance of HIV/AIDS patients. This study may provide information to local government about appropriate strategies to approach HIV patients. AIDS is a collection of certain clinical conditions that are the end result of HIV infection (human immunodeficiency virus). AIDS cases reflect long-standing HIV infection. Currently, AIDS can be found in almost all countries and is a worldwide pandemic.<sup>[9,10]</sup>

According to Corwin,<sup>[10]</sup> HIV is transmitted from person to person through the exchange of body fluids including blood, semen, vaginal fluid, and milk. Urine and gastrointestinal contents are not considered as a source of transmission unless they clearly contain blood. Tears, saliva, and sweat may contain viruses though they are rare to be the cause of HIV infection. HIV is not transmitted through touching, kissing, shaking, hugging, eating utensils and drinking by sharing, using the same bathroom, swimming together in the pool, getting mosquito bites, and living together with PLWHA.<sup>[11]</sup> Spirituality is conceived including existential beliefs and values relating to meaning and purpose.<sup>[12]</sup>

Patients diagnosed with HIV experience perceptual stress (cognition: self-acceptance, social, and spiritual) and biological responses during home and hospital care. The role of caring nurses in the care of HIV-infected patients is to implement the Nursing Care Plan approach in order that patients can adapt quickly. Spirituality provides an important function to help people to find meaning and purpose in their lives. Various research findings supporting the use of spirituality to address HIV/AIDS will be provided.<sup>[13]</sup>

## METHODOLOGY

This research is qualitative with descriptive approach of phenomenology. The research was conducted in January–February 2016 at KPA Bukittinggi. A researcher was interested in doing this study because many people had already been affected by HIV/AIDS in Bukittinggi city so that this study was expected to reveal the aspects of spirituality to self-acceptance of HIV/AIDS patients. The population in this study were all patients who were 341 people in the KPA Bukittinggi from January to October 2015 as many as, while participants in the study were 10 people consisting of 5 men and 5 women. The

sampling technique was done by purposive sampling that was in accordance with the inclusion criteria set by the researcher. The primary data were collected through conducting in-depth interview and observation, whereas the secondary data were obtained from documentation study with people who were considered to know about the purpose of the research. Data processing was conducted using phenomenology approach according to Creswell.

## RESULTS AND DISCUSSION

Participants of this study were 10 people consisting of 5 men and 5 women with an age range of 29–46 years. All the participants participated in this study were Muslims. The participants' last education varied from graduates of junior high to a diploma in economics. Most participants were married and only two of them were unmarried (P1 and P2). In this study, there were old data which presented diagnosed/detected HIV ranging from 2 years to 11 years. The cause of getting HIV generally was the use of injecting drugs (putaw) commonly called injection drug users (IDUs) who were 4 male participants (P1, P4, P8, and P9) and 1 female participant (P6). Another cause was because of contracting from their husband who had been HIV positive through sexual intercourse, who were four participants (P3, P5, P7, and P10), whereas the last cause was due to free sex that was GAY (men sex men), as the cause of participant 2 (P2).

### Capable of taking lessons from the circumstances

The practice of worship and spiritual values believed by the participants was mostly changed after knowing the diagnosis of HIV/AIDS. Some male participants stated that their worship was better after the diagnosis of HIV/AIDS.

Therefore, PLWH will be able to accept sincerely to the pain experienced and able to take lessons. Behind all the trials experienced by the patients, there must be the intention of the creator. In line with the study results of Tuck and Thinganjana (2007),<sup>[14]</sup> there are several themes about the meaning of spirituality in clients living with HIV/AIDS, such as (1) spirituality is a linkage or relationship and believes in God or other greater power, (2) spirituality is expressed by attitudes or actions such as listening to music, going to places of worship, reading scripture, connecting with nature, and meditation, and (3) feeling the presence of God.

Health-care professionals should expand their role to motivate patients for a better life quality.<sup>[15]</sup> According to the researcher's assumption, spirituality has wide meaning which is not just limited to religious aspect or worship practice only. In this study, although there were participants who did not change their practice of worship, it does not mean that they had no spiritual value. Since finding a new meaning in life is also a spiritual value, the new meaning in this study is to become more aware and to leave bad deeds that have ever been done in the past. Whereas, the change of worship practice becoming more

obedient and performing better after the diagnosis of HIV/AIDS are the very valuable lessons for the participants. They should be grateful for Allah's mercy in order that they got the opportunity to repent and to do good things for the rest of their life.

### Response of self-acceptance as people living with HIV/AIDS

#### *Shocked*

The initial response of participants, when diagnosed with HIV/AIDS, was varied from one to others depending on risk factors and gender. Participant 5 who contracted from her husband admitted that she never get angry with her husband, but she just felt shocked. So as participant 6 who was a retirement felt shocked after discovering that she got HIV/AIDS, and got angry at her husband who introduced her to drugs and caused her to get that disease. Suratini states that the individual's first reaction to loss is surprised, unbelievable, feeling beaten, and denied. Consciously or unconsciously, a person who is at this stage rejects all facts, information, and everything related to what she/he experienced.<sup>[16]</sup>

This study is in line with the research results of Fabanjo that a family in grieving process during caring for a child with HIV/AIDS felt disappointed and sad and rejects the fact that there was one of the family members who was infected with HIV.

The researcher assumes that the grieving response experienced by the participants is a normal feeling when a person has got the process of grieving. In contrast, the response demonstrated by a participant with no anger to her husband could be influenced by the personality and knowledge of the participant who made her able to accept the condition of her husband and her children to be considered.

#### *Afraid, ashamed, regretful, and denied*

Most of male participants felt disappointed, shocked, scared, embarrassed, angry, sorry, and reject knowing their status when diagnosed HIV/AIDS positively. However, currently, they had been able to accept themselves with various reasons. Chicoki (2007)<sup>[17]</sup> said that spirituality and religion will eliminate the feelings of fear and suffering experienced by participants and at the same time give the participants feelings of fear and suffering as well as calm feeling emotionally. This is an answer to the participants' concerns because HIV diagnosis causes fear due to the stigma attached to HIV disease.

In line with the results of Fabanjo's study<sup>[18]</sup> showed that the emotional response of fear is demonstrated by the family when caring for an HIV-infected child. This fear arises as a result of a lack of information about HIV/AIDS, an fear experience toward an infected child's status known by other people, fearful of being ostracized by society.

According to the researcher's assumption, the fear of participants when diagnosed with HIV/AIDS is a natural thing because of the stigma and discrimination against PLWHA, which is still very strong due to the lack of correct knowledge about HIV/AIDS in the community. Therefore, the correct dissemination of information on HIV/AIDS is a

big responsibility for health workers, especially nurses who play as an educator.

#### *Disappointed and angry*

Most of the participants expressed their disappointment and anger after knowing their positive status of HIV/AIDS. Three female participants who contracted from their husband said that they were disappointed, regretful, and angry at their husband for infecting the disease to them.

As an increasing number of PLWHA who were getting old, they found themselves developing additional chronic conditions as the result of HIV from the aging process and/or from drug side effects.<sup>[19]</sup>

In line with Worthington opinion that victims of unfair acts can respond in the form of anger, fear, and hatred, and can hold a grudge against the wrongdoer<sup>[20]</sup> Similar results were revealed by Putra *et al.*<sup>[21]</sup> and they reported that the participants expressed feelings of anger and sadness directed at their husbands; this is because they were as victims contracted HIV disease from their husband's bad behavior.

According to the researcher's assumption, the HIV-infected participants because of their husband have a longer time in the process of self-acceptance as PLWHA. This is due to the physical and mental unpreparedness to accept the disease because it is the impact of their husband's bad behaviors and not from their own fault.

#### *Self-acceptance*

Different things were expressed by two other male participants – participant 8 and participant 9. They claimed to be able to accept themselves as PLWHA when they knew their positive status of HIV/AIDS. Both of these participants were former IDUs who felt that they had to live as PLWHA because they realized it was a consequence of their previous behaviors. However, they were worried about their wife and children whether they were infected or not. HIV can be a major source of stress that can cause changes in emotional problems such as depression, constant sadness, feeling hollow, and restless.<sup>[22]</sup>

In accordance with the study of Putra *et al.*<sup>[21]</sup> who said participants revealed themselves that they could accept the existence of their husband with HIV positive. In addition, some participants revealed that their family could accept their husband with HIV positive. In addition, some participants revealed that their family could also accept the existence of themselves and HIV-positive husband after getting counseling from health workers.

Family and friends can help to reduce the patient's dependence on health and social services and reduce their psychosocial problems.<sup>[23]</sup>

Several factors may explain the differences occurring in those that characterize PLWHA; for example, feelings of ashamed and/or guilt are often associated with disease experiences.<sup>[24]</sup>



In line with the study result of Collein<sup>[4]</sup> states that supportive friends are usually when they also come from the same environment, for example, drug users so that they have realized the consequences of using a syringe simultaneously that can lead to HIV positive.

According to the researcher's assumption, male participants, who are mostly former IDUs, are relatively quicker in accepting themselves as PLWHA than female participants are. This can happen because of the influence of participants' sex on the process of self-acceptance as a grieving reaction. Women generally have a very soft and touchable nature that also tends to use their feeling more response to all the problems in their life. However, the key roles in the stage of self-acceptance are feelings of ashamed and guilt when it occurs on the emotional expression for the patient.<sup>[25]</sup> This is different from the general nature of men who prioritize logic in responding to problems in their life.

Interventions were conducted with the participants and consisted of an initial 2-day workshop. The workshop focused on understanding HIV stigma, identifying their personal strengths, and how to handle disclosure responsibly (Pretorius *et al.*, 2015).<sup>[26]</sup> In addition, the risk factor of the transmission on women that is caused by contracting from the husband will distinguish the self-acceptance response as PLWHA when compared with IDU factor commonly owned by male participants in this study.

## CONCLUSION

Participants' ability in taking the lessons from what have been experienced are demonstrated from practicing better worship after HIV/AIDS-positive diagnosis, quitting bad behaviors that have been done in the past, and emerging with a new personality and a better life. In terms of the response of self-acceptance as PLWHA, with initial response of feeling shocked, depends on the characteristics of each participant because not all the participants experienced anger and some even directly at the stage of acceptance.

## Acknowledgment

The authors would like to express their gratitude to the Bukittinggi HIV prevention commission that has facilitated us in conducting the research, the participants who have been willing to be informants, and Fort De Kock Bukittinggi Institute of Health Sciences that always provides encouragement or support in the completion of this paper.

## Financial support and sponsorship

Nil.

## Conflicts of interest

There are no conflicts of interest.

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