



# Spiritual Needs and Their Correlation with Characteristics of People Living with HIV/AIDS: A Cross-Sectional Study

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## Abstract

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**BACKGROUND:** Spirituality is an essential factor for HIV/AIDS patients. Spirituality helps a person to achieve balance, improves health, well-being, and adapt to illness. There are several factors related to the spiritual needs of people living with HIV/AIDS (PLWHA). One of them is the characteristic of PLWHA.

**AIM:** This study aimed to analyze the relationship between spiritual needs with characteristic PLWHA.

**METHODS:** A cross-sectional study design that included 103 PLWHA was conducted from July 2020 to August 2020 in HIV Service Clinic, Garut Regency, Indonesia. We used Spiritual Needs Questionnaire 2.1 (SpNQ 2.1) to collect the data. Chi-square was used for variable analysis.

**RESULTS:** The dimension of religious needs has the highest score mean = 13.51, SD = 5.434, and existence needs have the lowest score with mean = 10.49, SD = 4.752 compared to other dimensions. The Chi-square test results showed that there was a significant relationship between gender ( $p = 0.012$ ) and length of diagnosis ( $p = 0.019$ ) on the spiritual needs of PLWHA.

**CONCLUSION:** Spiritual needs have a significant relationship with the characteristics of PLWHA. All dimensions of spiritual needs become essential for people with HIV/AIDS.

## Introduction

Indonesia is one of the countries with cases of HIV/AIDS which is still increasing every year. Indonesia in 2017 recorded 10,376 people infected with HIV [1]. According to data on the development of HIV/AIDS in 2016, there was an increase in the prevalence of HIV/AIDS. As many as 41,250 Indonesians were infected with HIV, while there were 7963 people with AIDS. There are more people infected with HIV in men than women with a percentage of 66.2% and for women (33.8%), AIDS is also more common in men with a rate (70.9%) while for women (28.7%) [1].

Indonesia is one of the most populous Muslim countries in Asia and has a large population of people living with HIV/AIDS (PLWHA). Some Muslims believe that they will not get HIV/AIDS because Islamic religion and cultural norms prohibit engaging in high-risk behaviors that can lead to HIV/AIDS. So that

religion becomes one of the pillars for the prevention of HIV/AIDS [2].

HIV/AIDS has a physical impact and a psychological, social, and spiritual impact. A person infected with HIV positive from a physical and psychological perspective will experience developmental changes such as emotional stress and psychological stress due to being ostracized by family, friends, for fear of being infected, and the existence of social stigma and discrimination in a society that has an impact on social (emotional) responses [3]. Stigma, physical, and psychological manifestations that arise from HIV/AIDS is some of the impacts that PLWHA must undergo. Stigma has a potential impact on the quality of life of HIV-infected individuals [4]. In these conditions, the spiritual aspect is needed to overcome these emotional changes. A person living with HIV/AIDS requires treatment with a therapeutic method with a bio-psycho-socio-spiritual approach because faith in God is believed to make it easier for a person to cope with emotional changes during illness [5]. Support

from religious beliefs is needed to accept the client's illness and because it requires a long healing process with uncertain results. Hence, it is important to place spirituality, religion, and participation in religious activities, associate with the stigma of HIV/AIDS for this population [6].

Basic human needs are elements that are needed by humans and aim to maintain life and health. Basic human needs include biological, psychological, social, and spiritual needs [7]. Spirituality is an important factor for HIV/AIDS patients. Spirituality and religion can influence the way patients perceive health and illness and their interactions with others. Spirituality helps a person achieve balance, improve health, well-being, and adapt to illness [8], [9].

Dissemination of true and accurate information about HIV/AIDS is one of the determinants of whether community members accept to provide care for PLWHA [10]. In Maslow's theory, the concept of human spirituality includes an intangible need for oneself where a person needs closeness to God. Self-transcendental needs are the peak of awareness of human existence, whereby nature humans are aware of the existence of God and need his help [11].

According to Wahyuni, Firda (2014), if the fulfillment of spiritual needs is done well, it fosters high healing motivation for patients so that patients have confidence in the success of the treatment given [12]. This is in line with Ummah *et al.* (2016) which shows that there is a relationship between six spiritual needs and quality of life where, if spiritual needs are adequately met, the quality of one's life will also be good. Spiritual needs cannot be separated from various factors such as development, culture, family, religion, previous life experiences, and changes [13]. Based on this background, it is important to identify the spiritual needs of PLWHA.

## Methods

### Study design

This type of research was a descriptive-analytic study with a cross-sectional study design.

### Sample and settings

This research was conducted between July 2020 and August 2020 in HIV Service Clinic, Garut Regency, Indonesia. The population in this study were PLWHA at the HIV/AIDS service polyclinic in Garut district, with a number who were still active in providing care in 2019–2020 as many as 281 people. The sampling technique in this study was convenience sampling, which included 103 PLWHA who came for counseling.

## Instruments

Data were collected using the Spiritual Needs Questionnaire 2.1 (SpNQ 2.1). The instrument used in this research is the SpNQ which was developed by Bussing, Balzat, and Heusser tahun, 2010 [14]. This instrument is used to measure spiritual needs, especially in adult patients who experience chronic pain. It consists of 19 question items. This instrument of spiritual needs examines four components: Religious, inner peace, existential (reflection/averaging), and actively giving/generativity. The reliability value of the SpNQ 2.1 questionnaire has an internal consistency ranging from 0.74 to 0.92.

## Data analysis

Data analysis used univariate data analysis and bivariate analysis. The univariate analysis used is the distribution of frequency, mean, and standard deviation of the categories of the spiritual needs variable with sub-variables, namely, religion, peace, existence and giving in the SpNQ questionnaire, and the characteristics of the respondents. The next step to determine the relationship of the two variables is to do a statistical test, namely, the Chi-square test.

## Ethical consideration

This research has received approval/research permit from the research ethics commission of Padjadjaran University with the number: 601/UN6.KEP/EC/2020.

## Results

Based on Table 1, the results of the analysis describe that most of the respondents are male (73.8%), age more than 30 years (74.8%), are Sundanese (92.2%), have a job/work (77.7%), and the duration of treatment since being diagnosed is mostly in the range of 1–5 years (60.2%).

**Table 1: Characteristics of respondents (n = 103)**

Characteristics	n	%
Gender		
Male	76	73.8
Female	27	28.2
Age		
<30 years old	26	25.2
More than 30 years old	77	74.8
Culture		
Sundanese	95	92.2
Java	5	4.9
Betawi	3	2.9
Occupation		
Work	80	77.7
No work	23	22.3
Length of diagnosis		
<1 year	18	17.5
1–5 years	62	60.2
More than 5 years	23	22.3

In Table 2, it can be seen that the religious needs component has the highest score, which is the mean = 13.51, SD = 5.434, and the existence needs component has the lowest score with the mean = 10.49, SD = 4.752 compared to other components.

**Table 2: Spiritual needs among PLWHA**

Dimension	Mean	SD	Min	Max.
Religious	13.51	5.434	1	51
Peace	11.76	4.299	1	21
Existence	10.49	4.752	2	20
Giving	13.08	5.127	0	24

Table 3 shows the significant  $p < 0.05$  on the gender and duration of diagnosis variables, meaning that the hypothesis is accepted. This shows a relationship between gender ( $p = 0.012$ ) and duration of diagnosis ( $p = 0.019$ ) on spiritual needs. While the variables age, occupation, and ethnicity obtained  $p > 0.05$ , there was no relationship between age, occupation, and ethnicity with spiritual needs.

**Table 3: Analysis of the relationship between spiritual needs and the characteristics of PLWHA**

Variable	Spiritual Needs P
Gender	0.012
Age	0.078
Occupation	0.083
Culture	0.357
Length of diagnoses	0.019

## Discussion

### ***Kebutuhan spiritual PLWHA***

Spiritual needs are very important to be met in chronic patients because there are several impacts on all aspects of the sufferer's life, such as physical, psychological, and spiritual [15]. Spirituality is an important dimension of comprehensive palliative care for patients with chronic diseases and HIV/AIDS patients [16]. Spiritual is useful for providing emotional comfort, giving a sense of hope, and giving meaning and purpose to good health results. Factors that can affect a person's spirituality include the stage of development, the role of the family in spiritual development, cultural background and ethnicity, previous life experiences, crises, and changes in life [17].

Components of spiritual needs include religion, the need for existence, and the need for peace and giving [14]. Self-peace can arise as to acceptance of a problem (illness) which is considered a trial; this form of acceptance can lead to a better life [18]. According to Bussing and Koenig, the need to give consists of actively, consciously, pleasing others, sharing experiences with others, and believing that life has meaning and value [14]. Almost all aspects of spiritual needs are important needs for HIV/AIDS patients. Compared to other dimensions, religious/religious needs are a much-needed need, and nearly all respondents need religious and spiritual needs [15].

The results showed that there was no relationship between age and employment status with the spiritual needs of PLWHA. This is inversely proportional to the concept presented by Taylor (2006), that one of the factors that affect a person's spirituality is at the stage of development, where the more mature a person is, the level spiritual will be higher [17].

Living life as a person with HIV/AIDS is not easy. HIV/AIDS brings many life changes for the sufferer [19]. In addition to the stages of development of age and occupation, positive and negative PLWHA life experiences can affect one's spirituality and affect how one interprets the experience spiritually. Spiritual needs are not always associated with life satisfaction or job satisfaction but are sometimes associated with anxiety and can be interpreted as the patient's longing for spiritual well-being [14]. Hence, spiritual needs become the most important including being positive, loving others, finding meaning, and connecting with God regardless of age [17].

Most present research shows that women are more religious than men [20]. In contrast to the results of this study, which is mainly dominated by male respondents and there is a relationship between the sex of PLWHA and spiritual needs. This is in line with research conducted by Rich (2012) which states that there is almost no significant difference between male and female scores on the spirituality test. This shows that there are only differences in the way men and women express their spirituality [21].

Spiritual and religious beliefs play an important role in human life because they can affect lifestyle, habits, and feelings toward illness that give meaning to life [22]. Likewise, with PLWHA, those who experience more severe pain are more likely to want to discuss spiritual matters [23]. Other research proves someone living with disease becomes more sensitive, and there is an increase in his sense of spirituality or the level of spiritual need will be high. Suppose the fulfillment of spiritual needs is carried out properly. In that case, it can foster high motivation for healing for PLWHA. They have confidence in the success of the treatment provided, improve psychological and social well-being, reduce anxiety, and improve quality of life [12], [24]. In line with Halord, Koenig (2012) mentions that shows that people who are more religious or spirituality have better mental health and adapt more quickly to health problems compared to those who are less religious or spirituality [25].

The study conducted by Astuti *et al.* (2015), shows that giving spiritual, emotional freedom technique therapy to HIV/AIDS patients can indirectly increase the meaning of the patient's spirituality about their illness and get significant results [26]. Emphasizing the spiritual aspect of PLWHA's life, better results are obtained from the spiritual aspect and the psychosocial aspect, which improve the quality of life. There is a very

strong unidirectional relationship between spiritual level and quality of life in HIV/AIDS patients [27].

## Conclusion

The need for spirituality/religiosity is a vital resource to overcome various problems that arise in PLWHA. Spiritual needs have a significant relationship with the characteristics of PLWHA. Gender and duration of treatment are some of the characteristics that have a significant with the level of spiritual need in PLWHA. In several studies, spiritual and existential needs and spiritual support were also associated with a better quality of life in PLWHA. Sub-variables/religious dimensions are the most needed needs compared to other dimensions in the spiritual needs component.

## References

1. Kemenkes R. Laporan Perkembangan HIV AIDS dan PIMS Triwulan III Tahun 2020; 2020.
2. Ibrahim K, Songwathana P. Cultural care for people living with HIV/AIDS in Muslim communities in Asia: A literature review. *Pac Rim Int J Nurs Res.* 2009;13:148-57.
3. Jumliarni R, Hengky HK. Dukungan sosial dengan kualitas hidup orang dengan HIV/AIDS (Odha) di rumah sakit umum lasinrang kabupaten pinrang. *J Ilmiah Manusia Kesehatan.* 2019;2:34-44. <https://doi.org/10.31850/makes.v2i1.122>
4. Lindayani L, Ibrahim K, Wang JD, Ko NY. Independent and synergistic effects of self-and public stigmas on quality of life of HIV-infected persons. *AIDS Care.* 2018;30(6):706-13. <https://doi.org/10.1080/09540121.2017.1396282>  
PMid:29115159
5. Hawari D. Ilmu Kedokteran Jiwa dan Kesehatan Jiwa: Perpektif Al-Qur'an dan As-Sunnah. Vol. 2. Indonesia: Badan Penerbit Fakultas Kedokteran Universitas Indonesia; 2015. <https://doi.org/10.15416/ijcp.2014.3.3.88>
6. Varas-Diaz N, Neilands TB, Cintron-Bou F, Santos-Figueroa A, Marzan-Rodriguez M, Marques D. Religion and HIV/AIDS stigma in Puerto Rico: A cultural challenge for training future physicians. *J Int Assoc Provid AIDS Care.* 2014;13(4):305-8. <https://doi.org/10.1177/2325957412472935>  
PMid:23442492
7. Kartikasari D, Handayani F. Pemenuhan kebutuhan dasar manusia pada lansia demensia oleh keluarga. In: Kartikasari, Dwiyani, and Fitri Handayani. Pemenuhan Kebutuhan Dasar Manusia Pada Lansia Demensia Oleh Keluarga, Diss. Indonesia: Diponegoro University; 2012. <https://doi.org/10.36916/jkm.v2i1.21>
8. Arrey AE, Bilsen J, Lacor P, Deschepper R. Spirituality/religiosity: A cultural and psychological resource among sub-saharan african migrant women with HIV/AIDS in Belgium. *PLoS One.* 2016;11(7):e0159488. <https://doi.org/10.1371/journal.pone.0159488>  
PMid:27447487
9. Maman S, Cathcart R, Burkhardt G, Omba S, Behets F. The role of religion in HIV-positive women's disclosure experiences and coping strategies in Kinshasa, Democratic republic of Congo. *Soc Sci Med.* 2009;68(5):965-70. <https://doi.org/10.1016/j.socscimed.2008.12.028>  
PMid:19136188
10. Sukartini T, Nursalam N, Arifin H. The determinants of willingness to care for people living with HIV/AIDS: A cross-sectional study in Indonesia. *Health Soc Care Community.* 2021;29(3):809-17. <https://doi.org/10.1111/hsc.13318>  
PMid:33639031
11. Yount WR. Transcendence and aging: The secular insights of Erikson and Maslow. *J Relig Spiritual Aging.* 2008;21:73-8. <https://doi.org/10.1080/15528030802265361>
12. Wahyuni FA. Hubungan Pemenuhan Kebutuhan Spiritual dengan Motivasi Kesembuhan Pasien Rawat Inap di Rumah Sakit Ibnu Sina YW-UMI Makassar, Diss. Indonesia: Universitas Islam Negeri Alauddin Makassar; 2014. <https://doi.org/10.30597/mkmi.v16i1.9068>
13. Ummah AC, Warsito BE. Hubungan Kebutuhan Spiritual Dengan Kualitas Hidup Pada Lansia Di Panti Wredha Kota Semarang, Diss. Indonesia: Faculty of Medicine, UNDIP; 2016. <https://doi.org/10.35913/jk.v4i2.67>
14. Büssing A, Koenig HG. Spiritual needs of patients with chronic diseases. *Religions.* 2010;1:18-27. <https://doi.org/10.3390/rel1010018>
15. Nuraeni A, Nurhidayah I, Hidayati N, Sari CW, Mirwanti R. Kebutuhan spiritual pada pasien kanker. *J Keperawatan Padjadjaran.* 2015;3:58-60. <https://doi.org/10.24198/jkp.v3i2.101>
16. Munevar BF. Domain of spiritual care. *Prog Palliat Care.* 2012;20:66-71.
17. Taylor EJ. Prevalence and associated factors of spiritual needs among patients with cancer and family caregivers. *Oncol Nurs Forum.* 2006;33(4):729-35. <https://doi.org/10.1188/06.onf.729-735>  
PMid:16858453
18. Büssing A, Recchia DR, Koenig H, Baumann K, Frick E. Factor structure of the spiritual needs questionnaire (SpNQ) in persons with chronic diseases, elderly and healthy individuals. *Religions.* 2018;9(1):13. <https://doi.org/10.3390/rel9010013>
19. Ibrahim K, Haroen H, Pinxten L. Home-based care: A need assessment of people living with HIV infection in Bandung, Indonesia. *J Assoc Nurses AIDS Care.* 2011;22(3):229-37. <https://doi.org/10.1016/j.jana.2010.10.002>  
PMid:21277229
20. Fontdevila J, El-Bassel N, Gilbert L. Accounting for HIV risk among men on methadone. *Sex Roles.* 2005;52:609-24. <https://doi.org/10.1007/s11199-005-3729-3>
21. Rich A 2<sup>nd</sup>. Gender and Spirituality: Are Women Really More Spiritual? 2012.
22. Witdiawati W, Rahayuwati L, Sari SP. Studi kualitatif pola kehidupan pasien kanker payudara. *J Keperawatan Padjadjaran.* 2017;5(1):73-85. <https://doi.org/10.24198/jkp.v5n1.9>
23. Williams JA, Meltzer D, Arora V, Chung G, Curlin FA. Attention to inpatients' religious and spiritual concerns: Predictors and association with patient satisfaction. *J Gen Intern Med.* 2011;26(11):1265-71. <https://doi.org/10.1007/s11606-011-1781-y>  
PMid:21720904
24. Trevino KM, Pargament KI, Cotton S, Leonard AC, Hahn J, Caprini-Faigin CA, et al. Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: Cross-sectional and longitudinal findings. *AIDS Behav.* 2010;14(2):379-89. <https://doi.org/10.1007/s10461-007-9332-6>

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- PMid:18064557
25. Koenig HG. Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*. 2012;2012:278730. PMid:23762764
26. Astuti R, Yosep I, Susanti RD. Pengaruh intervensi SEFT (spiritual emotional freedom technique) terhadap penurunan tingkat depresi ibu rumah tangga dengan HIV. *J Keperawatan Padjadjaran*. 2015;3(1):44-56. <https://doi.org/10.24198/jkp.v3n1.6>
27. Hidayanti E, Hikmah S, Wihartati W, Handayani MR. Kontribusi konseling islam dalam mewujudkan palliative care bagi pasien HIV/AIDS di rumah sakit islam sultan agung semarang. *Religia*. 2016;19(1):113-32. <https://doi.org/10.28918/religia.v19i1.662>