



THE RELATIONSHIP BETWEEN SELF-FORGIVENESS WITH QUALITY OF LIFE AMONG HIV / AIDS PATIENTS AT POLYCLINIC VCT MOJOKERTO REGENCY

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ABSTRACT	Keywords
<p>The number of people with HIV / AIDS is like an iceberg, which appears to be only a small part. At present, HIV cannot be cured. This condition has a comprehensive impact on patients. Through Self-forgiveness, it is expected that patients can reduce negative feelings or emotions, so that they will be motivated to change their behavior for the better. The study aimed to examine the relationship between self forgiveness with quality of life in HIV/AIDS patients. The research design was analytic correlation with Cross Sectional approach. The Sample was all patient of HIV / AIDS (selected who were diagnosed with HIV / AIDS because of sexual relations) who undergoing treatment in Polyclinic VCT Mojokerto Regency amounting to 122 people, with consecutive sampling. The independent variable was self forgiveness and the dependent variable was quality of life in HIV/AIDS patients. The instrument used a HFS (Heartland Forgiveness Scale) questionnaire for self-forgiveness. WHOQOL-HIV BREF for quality of life. The results of this study showed that there are positive correlation between Self-Forgiveness and Quality of Life in HIV / AIDS, with significant = 0.000. Respondents who have high self-forgiveness, also have a good quality of life, as many as 55 respondents (44.8%) and very good, that is as many as 25 respondents (20.7%). Forgiveness can affect the physical health of individuals and the factors that affect self-forgiveness, namely, the emergence of empathy, emotional intelligence, self-reflection, and personality characteristics. Improvement of quality of life can occur if the HIV / AIDS patient has been able to accept his condition, transforming himself into an open person and always apply the forgiveness attitude and can forgive or forgive the incident ever done by himself or others, so as to neutralize the negative feelings into positive.</p>	<p>Self Forgiveness. Quality of Life, HIV/AIDS</p>

INTRODUCTION

The HIV phenomenon is increasingly worrisome. The number of people with HIV / AIDS is like an iceberg, which appears to be only a small part. The disease is still a public health issue in communities around the world. Some people say that HIV disease is a disease Specter, in addition to there is no certainty in the treatment, but also proges the disease is running pretty fast. HIV / AIDS disease has caused widespread problems in infected individuals covering physical, social, and emotional issues (Mccullough, 2000). The phenomenon of HIV has been largely due to their own behavior. This condition will trigger a patient to experience a change in risk behavior, both natural changes and planned changes, so that this triggers the incidence of HIV / AIDS is increasing.

Majority after diagnosed HIV / AIDS patients, they realize that HIV disease directly enters through the human blood in question and then attacks the immune system transmitted through unprotected free sex, sharing and non-sterile needle syringe as well as those also have to take medicine for life. When they realize that HIV / AIDS disease is caused by the HIV virus (Human Immunodeficiency Virus) that attacks the human immune system and leads to decreased immunity, making people susceptible to opportunistic infections (Belak, Vuru, Duvan, & Ma, 2006) . This condition can affect the psychological sufferers, such as feeling guilty, angry, helpless, feeling disabled, useless, and frustrated. This can have an impact on the deterioration of the quality of life both psychologically and socially.

Quality of life is an indicator not only of how well the individual functions in everyday life, but also how individual

perceptions of health status affect the attitude of life or quality of life (Howsepien & Ã, 2009). The quality of life of PLWHA is observed from two factors, namely from internal patient that his body condition is sick and second from his psychosocial condition in life in society. According to Maria (2015), the quality of life of PLHIV is viewed from 6 aspects, namely physical, psychological / emotional, social relations, level of independence, environmental aspect, and spiritual aspect (Article & Enfermagem, 2017).

Based on reports from year to year AIDS cases show a continuous trend of improvement. WHO by the end of 2015 says 36.7 million people are living with HIV, as many as 2.1 million people are newly infected with HIV, and 1.1 million people die from HIV / AIDS cases. It is estimated that this number is still much more because there are still many cases that are not detected. HIV / AIDS has become a global effect with rapidly spreading speed, estimated in 1 minute 5 people are infected worldwide (UNSAID, 2017).

The Central Bureau of Statistics reports cumulatively HIV / AIDS as of June 2015 as many as 208,909 people were infected with HIV and 82,556 have entered the AIDS phase and total deaths were 14,234 people (DG of P2P, MoH RI, 2015). East Java is the second largest contributor of HIV & AIDS cases after DKI Jakarta and Papua are third. The number of new AIDS cases in 2016 in East Java is 16,431 cases. While the number of new cases of HIV infection that is as many as 27,575 cases (Ministry of Health, 2016). The number of HIV cases in Mojokerto regency / city in 2015 was 391 HIV cases, 123 AIDS cases. An increase in cases by 2015, indicating that the greater the number of HIV / AIDS cases. The rapid number of cases is also based on the mobile service car for voluntary blood tests, so the

discovery of HIV patients quickly detected (Kesehatan & Indonesia, 2016).

The results of introduction study conducted in Poly VCT by conducting interviews with 6 HIV sufferers obtained data that, 3 respondents still often feel pain and fatigue, thus blocking the activities and work everyday, sometimes they still feel “feel blue” or many thoughts like regret because of their past behavior, so they can get HIV disease, feel guilty and helpless, they also feel that they have a different body shape between before and after HIV, it is because the patient did not do everything ordered by the counselor, one of them is to consume routine antiretroviral drugs, they also feel inferior to associate with others and sometimes still shut down because they are afraid of being ostracized by people who know the status of HIV suffered even from their own family, some are expelled from their jobs once known to have HIV, and they sometimes take time to worship, because they are afraid of death. They think that HIV disease can not be cured and always sentenced to death.

While the other 3 respondents rarely feel pain or fatigue during activity and work because they routinely consume antiretroviral drugs every day and before the activity, so they can feel the difference between taking ARV drugs or not, they also have rarely feel feeling blue, because they are already aware that this disease is due to their own behavior first, so they do not blame him continuously and regularly taking ARV drugs and as well as with what the counselor tells for his life to last long, some of them also join the Peer Support Group at health center and active in various activities related to HIV / AIDS, so that they can get along with their fellow sufferers and non-sufferers and there are still those who care about them and even give support, they also no longer worry and feel calm about their

future especially with death because they keep getting closer on God, continue to worship according to the religion adopted.

Based on the results of research conducted by Lubis et al (2012), showed that from 78 respondents, who have good quality of life as many as 40 respondents (51.3%) and who have poor quality of life as much as 38 respondents (48.7%), where the spiritual domain becomes the highest domain that is as much as 67.9%, research conducted by Hardiansyah et al (2014) showed that from 21 respondents, who have a good quality of life as much as 47.6% and who have poor quality of life as much as 52.4% , where the domain of the environment becomes the highest domain that is as much as 20.90%, while research conducted by Yvonne et al (2011), showed that of 34 respondents, who have a good quality of life as much as 27.3% respondents, who have a quality of life 71 , 6% of respondents, and who have quality of life less as much as 1.1% of respondents. Where the psychological domain shows the highest value of 72.43%.

On psychological factors in quality of life there are several things that are often perceived. The unstable emotional condition of PLWHA due to various limitations makes PLWHA feel frustrated or disappointed and ultimately creates problems such as positive and negative feelings, self-esteem, self-image, trust or spiritual, cognitive, and depression problems. Therefore, the handling of HIV / AIDS patients not only focuses on physical problems but also the psychosocial problems experienced by people living with HIV / AIDS (PLWHA) in order not to impact on the wider problem of quality of life (Strelan, 2006). The importance of receiving such conditions can improve the health and wellbeing of patients, so patients should be able to mitigate the effects of negative emotions from themselves, PLHIV needs to let go of

bitterness, guilt, regret, anger, or hatred that is being experienced or alter negative feelings to be positive, one way is through self-forgiveness.

Self-forgiveness is how a person expresses his inner feelings to accept mistakes. Both mistakes made by himself or by others. Enright (in Worthington, 2005) defines self-forgiveness as a form of willingness to let go of self-loathing and to recognize that he is at fault, at the same time cultivating a sense of mercy, generosity, and love for oneself. By way of self-forgiveness, it is expected that people with HIV / AIDS can reduce their feelings or negative emotions, release bitterness, relieve guilt, regret, anger, realize their mistakes or hatred, so they will be motivated to change his behavior for the better, do not use the needle in turn, have no revenge to transmit the disease to others, and no longer continue to blame himself. This is what can support their health both physically and psychologically and improve their quality of life. Several studies have proven that the importance of self-forgiveness as one of the conditions for mental health (Rippentrop, Altmaier, Chen, Found, & Keffala, 2005).

Based on the background found above, the focus on this study on the Relationship of Self-Forgiveness with Quality of Life in HIV / AIDS Patients in Polyclinic VCT Mojokerto Regency.

MATERIALS AND METHODS

The research design used in this research is analytic correlation with Cross Sectional approach. Sample in this research is all patient of HIV / AIDS (selected who were diagnosed with HIV / AIDS because of sexual relations, obtained through structured interviews) who undergoing treatment in

Polyclinic VCT Mojokerto Regency amounting to 122 people. The sampling technique uses consecutive sampling technique. Independent variable self-forgiveness and dependent variable of quality of life. The instrument used is a HFS (Heartland Forgiveness Scale) questionnaire for self-forgiveness. It consists of 18 items including Forgiving of Self, Forgiving of other, and Forgiving of Situation. WHOQOL-HIV BREF for quality of life (there are 31 items, which cover 6 domains). Statistical test using Spearman-Rho Correlation with significant level used is 5%.

RESULTS

The characteristics of those respondents are presented in a chart of frequency distribution and percentage as the followings:

Table 1 Characteristic description of respondents in Polyclinic VCT Mojokerto Regency

N	Characterist	Frequenc	Percenta
o	ic	y	ge
1	Gender		
	Male	67	55,2
	Female	55	44,8
2	Age		
	15 – 19 years	6	5,2
	20 – 24 years	8	6,9
	25 – 49 years	93	75,9
	≥ 50 years	15	12,1
3	Education		

	No School	4	3,4
	Elementary school	17	13,8
	Junior high school	44	36,2
	High School	53	43,1
	College	4	3,4
4	Marriage		
	No Married	13	10,3
	Married	88	72,4
	Single	21	17,2
5	Long suffering		
	1 – 5 years	101	82,8
	6 – 10 years	19	15,5
	≥ 10 years	2	1,7
6	Occupation		
	No Work	51	41,4
	Work	71	58,6
	Total	122	100

Table 1 shows that the majority of respondents were male, aged 25-49 years old, senior high school education, married, had HIV over a span of 1-5 years, most respondents were employed.

Table 2 Distribution of frequency of respondents based on self-forgiveness in Polyclinic VCT Mojokerto Regency

N	Self-forgiveness	Frequency	Percentage
1	Low Self-forgiveness	8	6,9

2	Medium Self-forgiveness	34	27,6
3	High Self-forgiveness	80	65,5
Total		122	100

The table shows that most of them have high self-forgiveness categories, indicating that most respondents have high empathy, where they try to position themselves in other individuals' situations and conditions, then do not want to continue to decline and continue blaming themselves with their current health condition .

Table 3 Distribution of frequency of respondents based on quality of life in Polyclinic VCT Mojokerto Regency

No	Quality of life	Frequency	Percentage
1	Very Bad	0	0
2	Bad	8	6,9
3	Pedestrian	34	27,6
4	Good	55	44,8
5	Very Good	25	20,7
Total		122	100

The table shows that most HIV / AIDS sufferers have good quality of life. In general they rarely feel “feeling blue”, because they realize that this disease is due to their own behavior first, so they do not blame themselves continuously and obey what is conveyed by the counselor so that his life can last long.

Table 4 Relationship Self-Forgiveness with Quality of Life in Patients with HIV / AIDS in Polyclinic VCT Mojokerto Regency

Self-forgiveness	Quality of Life								Total
	f	%	f	%	f	%	f	%	
Low	8	6,9	0	0	0	0	0	0	0
Moderate	0	0	0	0	34	27,6	0	0	0
High	0	0	0	0	0	0	55	44,8	25
Total	8	6,9	0	0	34	27,6	55	44,8	25

Sig rho = 0.000; Correlation Coefficient =0,890

The table shows a comparable correlation between quality of life with self-forgiveness, with the results of Spearman-Rho 0,000, and the results of the Correlation Coefficient of 0.890

DISCUSSION

Forgiveness is the willingness to give up the rights that an individual has to hate, give a negative judgment, and do not behave differently to others who hurt us unfairly, and help develop the qualities of compassion, generosity, and even love for that person . Forgiveness is an individual decision and should not be forced by others (Mudgal, 2017).

Forgiveness is a 'gift' for yourself, for example increasing self esteem, decreasing stress levels, and negative feelings. Forgiveness is also a 'gift' for others, namely as a way to improve social relations. Giving moral gifts is done as an effort to display moral superiority (Maltby, Day, & Barber, 2004).

Witvliet, Ludwig, & Vander Laan (2001) state that forgiveness can affect an individual's physical health. Unforgiveness is a stressful thing and makes an individual

feel an enmity towards the wrongdoer. Individuals who often show non-forgiveness can experience cardiovascular disorders or the immune system. According to Toussaint, Williams, Musick, and Everson (2001) physical health can be negatively affected if individuals constantly apply unforgiving attitudes, and are positively affected if individuals practice forgiveness (Ferrell, Ois-green, Osw-c, Baird, & Garcia, 2014). Individuals who are more likely to use forgiveness patterns and less use unforgiving patterns report fewer depression symptoms they experience and fewer stressors are faced, and that these stressors are considered to be at a low point (Exline, Worthington, Hill, Mccullough, & Mccullough, 2003)

On the quality of life globally and health quality of life correlates significantly with the overall number of forgiveness patterns. So, broadly forgiveness is associated with more positive psychological functions and higher life satisfaction. Forgiveness correlates with critical health behavior. In patients undergoing antiretroviral treatment, feelings of unforgiveness by people they consider important are associated with passing the dose of the drug used in the following week, thus increasing the risk of treatment failure and accelerating progression of disease progression. In addition, participants who have the character of forgiveness patterns are stronger in forgiving others who infect them and take the path of protecting others from infection (Hua, 2012). Often, along with the development of their disease, PLWHA realize that they cannot release themselves from feelings of anger and hatred that continue to be inherent in them, one of them towards individuals who have infected them. So, among PLWHA, forgiveness describes a concept that is important in intra and interpersonal contexts, and individuals

can simultaneously experience the role of victims and offenders in different social relations (Belak et al., 2006).

This is in accordance with the theory (Worthington, 2005) states that forgiveness can affect the physical health of individuals and the factors that affect self-forgiveness, namely, the emergence of empathy, emotional intelligence, self-reflection, and personality characteristics (Tiwari, 2015)

When individuals have high empathy, where they try to position themselves in other individuals' situations and conditions, and understand and feel the experiences of others without feeling the situation of that person, then do not want to continue to get worse and continue blaming themselves with their current health condition, do not want to constantly contemplate their health condition, surrender to what happens by routinely taking ARV drugs, be able to control emotions, try to be someone who is open and forgiving and does not take revenge and keeps getting closer to God, has a tendency to forgive or be forgiven, there will be fewer depressive symptoms experienced and stressors faced, even those stressors will decrease. This is what can support their health both physically and psychologically and improve their quality of life (Oliveira, Lessa, Marques, Marcos, & Gomes, 2017).

If individuals continue to apply unforgiving attitudes, this can have an impact on intrapersonal and interpersonal, on intrapersonal emotional and psychosocial consequences there will be low self-esteem, skinny, hopelessness, self-blame, and depression. Then the consequences for behavior can lead to self-destructive behavior. Furthermore, biomedical consequences can lead to increased stress, immune system dysfunction, accelerated progression of disease progression which can reduce quality of life. In addition, unforgiving also has an impact on

interpersonal. On interpersonal emotional and psychosocial consequences can cause anger, hatred, lack of empathy. Then the consequences of behavior will lead to irresponsible sexual behavior, risky behaviors such as transmitting the HIV virus. And in the biomedical consequences there will be another infection with the virus (STD); HIV "superinfection"; HIV transmission (Dias & Souza, 2015).

The results of the research conducted by Leo (2015), show that there is a significant positive relationship between self-forgiveness and psychological well-being. At the World Health Organization (WHO) Quality of Life (QOL) or abbreviated as WHOQOL, the quality of life globally and health quality of life correlates significantly with the overall number of forgiveness patterns. Broadly forgiveness can be interpreted by more positive psychological functions and higher life satisfaction ("Self-Forgiveness and Life Satisfaction in People Living with HIV / AIDS," 2015)

Quality of life in general is the state of the individual within the scope of abilities, limitations, symptoms and psychosocial characteristics to function and carry out various roles satisfactorily. The quality of one's life cannot be defined with certainty, only that person can define it because quality of life is a subjective matter. Often along with the development of their disease, PLWHA realize that they cannot release themselves from feelings of anger and hatred that continue to be inherent in themselves, one of them towards individuals who have infected them or because of their own behavior until finally they are infected. For PLWHA, forgiveness describes an important concept in an intra and interpersonal context. So, forgiveness is related to more positive psychological

functions and a higher quality of life (Ferrell et al., 2014).

In this study most respondents who have high self-forgiveness, also have a good quality of life, as many as 55 respondents (44.8%) and very good, that is as many as 25 respondents (20.7%), this is because respondents already able to accept the current conditions, they no longer continue to blame themselves, do not harbor any sense of revenge against anyone and routinely take ARV drugs, so they rarely feel excessive pain or fatigue, they also get more support from their families despite knowing the status of their illness, they say they no longer feel worried and feel calm by continuing to get closer to God and do good to others in order to improve their quality of life. Then the respondents who have moderate self-forgiveness also have a mediocre quality of life, which is as many as 34 respondents (27.6%) because the respondents assume that the disease they are suffering from is now a fate, so they live their lives as usual, not too passionate to improve their welfare. Meanwhile, respondents in the low category also had a very poor quality of life, as many as 3 respondents (6.9%). They still often feel pain or excessive fatigue while doing activities, they assume that the disease they suffer is a curse from God, so they confine themselves more, depressed, frustrated with their current health conditions and not routine in consuming ARVs. Continue to blame himself and distance himself from the people around him.

CONCLUSIONS

There is a positive relationship between Self-Forgiveness and Quality of Life in HIV / AIDS, meaning the higher self-forgiveness in people with HIV / AIDS then the better quality of life in people with HIV

/ AIDS. Improvement of quality of life can occur if the HIV / AIDS patient has been able to accept his condition, transforming himself into an open person and always apply the forgiveness attitude and can forgive or forgive the incident ever done by himself or others, so as to neutralize the negative feelings into positive.

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