



# The Correlation of Self-compassing with Life Quality of People with HIV/AIDS (ODHA) in KDS Solo Plus Surakarta

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**Abstract. Introduction:** Until now, the rejection experienced by people living with HIV/AIDS (PLWHA) is still widely felt. This rejection can cause negative feelings in PLWHA but can be prevented by applying self-compassion. Self-compassion is the ability to be compassionate, caring, and understanding of oneself when experiencing an unpleasant situation, for example when suffering from an illness. Individuals with self-compassion usually have a desire to improve their well-being, one of which is by undergoing treatment, in order to avoid worsening the condition. Quality of life refers to how humans measure the “goodness” of various aspects of their lives. Research on self-compassion and its relationship to quality of life in people living with HIV/AIDS was conducted because similar studies had never been conducted in Surakarta before. **Method:** This study was an observational analytic study with cross sectional study design, which was conducted on July 4, 2022 in KDS Solo plus Surakarta. The subjects were 50 people living with HIV/AIDS who were included in the inclusion criteria. Samples were taken using probability sampling technique of simple random sampling. The dependent variable is quality of life and the independent variable is self-compassion. Quality of life data were obtained from filling out the WHOQOL-HIV Bref questionnaire and self-compassion data were obtained from filling out the Indonesian version of the SCS questionnaire. The data will then be calculated using SPSS software and analyzed using the Spearman correlation test. **Result:** There is a significant correlation with sufficient correlation strength and a positive direction between self-compassion and quality of life level in PLWHIV in KDS Solo plus Surakarta. **Conclusion:** There is a correlation between self-compassion and quality of life in People Living with HIV/AIDS (PLWHA) in KDS Solo plus Surakarta.

**Keywords:** self-compassion · quality of life · People Living with HIV/AIDS

## 1 Introduction

Up to now, HIV/AIDS still becomes a main health problem in society. Other than physical aspect, people who infected HIV/AIDS atau Orang Dengan HIV/AIDS (ODHA) also run to impacts from various aspects, for example social aspect where many of ODHAs experience rejection and stigma from people. This phenomenon already observed by the

writers while visiting to Peer Support Group plus Surakarta (research site). Rejection that experienced by ODHA is the reason negative feelings in ODHA. Therefore, ODHAs need to have self-compassion so later can be observed the impact to the life quality. The writers have interest to research in correlation between M self-compassion with life quality rate in ODHA as this haven't been done in previous research. The urgency of this research is to ensure ODHAs the impact of self-compassion to their life quality thus they can understand more about themselves when facing difficulty and trying to maintain their health so that they have better life quality.

In Indonesia, ODHA is official name for people who infected with HIV [1], Human Immunodeficiency Virus attacks human Limfosit cell T CD4+, that the patients experience human immunity decline that potentially cause illness called AIDS (Acquired Immunodeficiency Syndrome) [2]. To these days, HIV/AIDS still be the main health problem among citizen [3]. According to United Nations Programme on HIV/AIDS [4] data, there are 37.7 million people in the world that infected with HIV/AIDS and 680,000 casualties because of HIV/AIDS. Trend of HIV/AIDS cases in Indonesia increase gradually and most of the case are in Java. In Surakarta, HIV cases in 2019 reported 109 cases in first quarter and 180 cases in second quarter [5].

HIV/AIDS sufferers experience various impacts from their illness, apart from the physical aspect as well as the social aspect, where most ODHA receive rejection from society. This causes ODHA to be afraid, sad, self-blame, self-criticism, to withdraw from the environment [6]. Therefore, a way is needed to distance themselves from these negative feelings, thus, it is easier for an ODHA to be kind to himself. This concept is known as self-compassion [7].

Self-compassion is a person's ability to be compassionate, caring, and understand himself when he is experiencing a failure, suffering, or when he has a deficiency. Someone who has self-compassion considers that failure, suffering, and self-inability are part of the human experience of life [8]. Individuals with self-compassion usually have a desire to improve their well-being, one of which is by undergoing treatment when suffering from an illness [6]. This is directly proportional to the study of 187 people living with HIV conducted by Brion et al. where participants who have low self-compassion tend to be ashamed of their condition, thus reducing the desire to seek information and medical assistance to adherence to treatment, even though these things can lead to positive health outcomes, including delaying the development of HIV disease [9].

HIV/AIDS patients who do not undergo treatment are at risk of worsening their condition [10]. This has an impact on the difficulty of doing work and decreased productivity. The inability to carry out these activities indicates that there has been a decrease in the quality of life [11].

Quality of life refers to how humans measure the "goodness" of various aspects of their lives. These judgments include how a person reacts emotionally to things that happen, a sense of fulfillment in life, and satisfaction with life [12]. There are several components that can form a quality of life, namely physical health, psychological state, level of freedom, social relations with other people, and the environment in which the person lives [13].

Several studies have been conducted to determine the relationship between self-compassion and quality of life, one of which is the study by Van Dam et al. which shows

that self-compassion is a strong predictor of a person's quality of life [14]. There is a positive correlation between self-compassion and quality of life, where when a person begins to treat himself badly, self-compassion decreases and results in a lower level of quality of life [15]. Self-compassion also influences healthy living behavior [16]. Being "self-compassionate" by being aware of personal health greatly influences one's quality of life [17].

## 2 Method

This research is an analytic observational study with a cross-sectional study design in the Solo Plus Surakarta Peer Support Group. The research subjects were 50 people with HIV/AIDS who were included in the inclusion criteria, namely men and women aged > 18 years, while the exclusion criteria were PLHIV who were not willing to become respondents, did not complete filling out the questionnaire, and HIV/AIDS patients who were treated due to poor physical condition. Samples were taken using probability sampling technique, simple random sampling. The dependent variable is the level of quality of life and the independent variable is self-compassion. Quality of life data was obtained from completing the WHOQOL-HIV Bref questionnaire and self-compassion data was obtained from filling out the Indonesian version of the SCS questionnaire. The data will then be calculated using SPSS software and analyzed using the Spearman correlation test.

## 3 Result

### 3.1 Research Sample Characteristic

The research entitled "Relationship between Self-Compassion and the Level of Quality of Life in People with HIV/AIDS at KDS Solo plus Surakarta" was carried out on July 4, 2022 offline or offline at Jalan Gatak II, Kartasura District, Sukoharjo Regency, Central Java. The research subjects first filled out the informed consent form, then continued by filling in the personal data sheet and two questionnaires, namely the Indonesian version of the Self-Compassion Scale questionnaire (Indonesian Translation of SCS) and the World Health Organization Quality of Life-HIV Bref (WHOQOL) questionnaire. -HIV BREF) without being represented and a sample of 50 people was obtained from a minimum sample size of 46 people. The distribution of sample characteristics is shown in Table 1.

In this study, research respondents were divided into 3 age groups. Of the 50 research samples, there were 20 people aged 18–30 years (40%), 25 people aged 31–45 years (50%), and 5 people aged >45 years (10%). The distribution of research respondents based on gender consisted of 30 people with male gender (60%) and 20 people with female gender (40%). The education level of the respondents was divided into 2 categories, namely not/not having finished high school/equivalent and graduating from high school/equivalent. Respondents who did not/have not finished high school/equivalent were 8 people (16%) and respondents who had graduated from high school/equivalent were 42 people (84%). The marital status of the respondents in this study was divided

**Table 1.** Research Sample Characteristic

Chararateristic	Frequency	Percentage (%)
<b>Age</b>		
18–30	20	40
31–45	25	50
>45	5	10
<b>Sex</b>		
Men	30	60
Women	20	40
<b>Education Background</b>		
Not graduating High School	8	16
High school graduate	42	84
<b>Marital Status</b>		
Not Married	25	50
Married	15	30
Divorced	10	20
<b>HIV Clinical Stadium</b>		
1	37	74
2	10	20
3	3	6

into 3 categories, namely 25 people who were not married (50%), those who were married were 15 people (30%) and those who were separated were 10 people (20%). For the clinical stage of HIV, 37 people (74%) were in stage 1, 10 people (20%) were in stage 2, and 3 people (6%) were in stage 3. There were no respondents who were in stage 4 or late stage.

### 3.2 Data Analysis Result

Correlation test using the Spearman correlation test obtained p-value or Sig significance value. (2-tailed) of 0.000 ( $<0.05$ , significant at  $<0.01$ ) which means there is a significant relationship between self-compassion and quality of life. From the data above, a correlation coefficient of 0.477 is obtained, which means that there is an adequate correlation between self-compassion and quality of life. The correlation coefficient number is also positive, which means that the relationship between the two variables is in the same direction, thus it can be interpreted that the higher a person's self-compassion, the higher the perceived quality of life (Table 2).

**Table 2.** Result of Spearman Correlation Test of Self-Compassing and Life Quality

N	Coefficient Correlation (r)	p
50	0,477	0,000

## 4 Discussion

The age range of respondents in this study were those aged 18 years and over who were categorized as adults by WHO [18]. In this study, the fewest respondents were in the age group >45 years (5 people), followed by the age group 18–30 years (20 people) and the most were in the age group 31–45 years (25 people). This is in accordance with research conducted by Rohmatullailah and Fikriyah where age <40 years is more at risk of experiencing HIV/AIDS [19]. The age group of 25–49 years and 20–24 years is also the age group most infected with HIV [20].

### 4.1 Sex

The distribution of the research sample when viewed from the gender found that more were male, namely 60% (30 people) compared to women which only amounted to 40% (20 people). These results are consistent with data from the Indonesian Ministry of Health where HIV/AIDS cases in men are always higher than women and are the same as reports in previous years [21]. Men are infected with HIV more than women, most likely due to the way the HIV virus is transmitted, namely to men it can be transmitted in various ways, for example by IDUs (Injecting Drug Users), homosexual or MSM (Male Sex Men) relationships, and heterosexual i.e. free sex, while in women most are transmitted only through heterosexual relations, namely transmitted by husbands or free sex [22].

### 4.2 Education Background

From the research results, obtained based on the level of education showed that the majority of respondents had a good education, namely 42 people (84%) out of 50 people had graduated from high school (SMA). The same thing was also found in a study conducted by Surya Antara where most data on HIV patients based on their level of education were those who had graduated from high school [23].

### 4.3 Marital Status

The distribution of respondents based on marital status was divided into 3 categories, namely those who were not married, those who were married, and those who were separated. Respondents who were not married were 25 people (50%), who were married were 15 people (30%), and those who were separated were 10 people (20%). In a previous study by Utara et al. gave similar results where the majority of ODHA were single, namely 55.9% of the total population. This is probably because someone who is not married tends not to have a permanent sexual partner compared to those who are married, so the risk of being infected with HIV is also more vulnerable [24].

#### 4.4 HIV Clinical Stadium

There are 4 groups of HIV clinical stages which stage 1 is a patient who is infected with HIV but does not experience any symptoms (asymptomatic) and the next stage shows a worsening of symptoms. During the study, it was found that the majority of respondents came with stage I, namely those who had no symptoms or asymptomatic as many as 37 people, while the remaining 10 people were in stage 2 and 3 people were in stage 3. There were no respondents who came with stage 4 or late stage.

#### 4.5 Self-compassion

After doing the research, it was found that the lowest respondent's self-compassion was at a score of 2.54 and the highest was 5 out of a total of 5 points. Most of the respondents in this study had moderate self-compassion, namely 32 people (64%) and 18 people had high self-compassion, namely 18 people (36%). There were no respondents who had low self-compassion. Low self-compassion is usually caused because ODHA still find it difficult to accept the fact that they are infected with HIV and this results in embarrassment to reveal their condition to people around them, even though from this, ODHA can be more optimistic about themselves and start looking for ways out of the problems they are facing [6]. In contrast, ODHA who have moderate or high self-compassion are usually more self-accepting, are not ashamed to tell their condition to others, and intend to seek medical help by undergoing HIV treatment [7]. In this study, the average self-compassion score of all respondents was 3.46 which was included in the medium self-compassion category, which means that the average respondent in KDS Solo Plus has good self-compassion. Similar results were also found in the study conducted by Yulianti and Wahyudi where there were more ODHA who had high self-compassion compared to low, namely as much as 67% [25]. Therefore it can be concluded that most ODHA have made peace with themselves despite experiencing unpleasant events.

Based on the results of data analysis, this study found a significant relationship between self-compassion and quality of life in people with HIV/AIDS at KDS Solo Plus Surakarta with  $p = 0.000$  ( $p < 0.05$ , significant at  $<0.01$ ). The strength of the correlation for the relationship between the two variables is also quite sufficient, which is equal to 0.477 and the direction is positive, which means that the higher the self-compassion possessed by PLHIV in KDS Solo plus Surakarta, the higher the perceived quality of life. The results of this study are supported by previous research conducted by Martins et al. of 89 people living with HIV/AIDS (PLWHA) in Portugal where there is a significant and positive correlation between self-compassion and quality of life ( $p < 0.05$ ) [26]. In addition, previous research conducted by Pinto-Gouveia et al. showed that self-compassion was significantly and positively related to the dimensions of quality of life ( $p < 0.05$ ), namely the dimensions of quality of life in general health, physical, psychological, social and environmental relations in 163 patients with chronic diseases and cancer [27]. Another study that had the same results was also conducted by Dowd and Jung in patients with celiac disease which also showed a significant relationship between self-compassion and quality of life, in which the more "self-compassionate" a person is, the higher their quality of life will be [17]. The same result was also found

in a study conducted on 89 people suffering from multiple sclerosis in Turkey where self-compassion was significantly and positively related to quality of life ( $p < 0.01$ ) [28].

Self-compassion is related to quality of life directly or indirectly. An indirect relationship was found in a study conducted by Sirois and Hirsch that self-compassion has a positive relationship with adherence to treatment, in which adherence to treatment produces good health outcomes and ends in an improved quality of life as well [29]. However, research conducted by Skelton et al. in 34 people with HIV/AIDS in America gave different results where there was no significant relationship ( $p > 0.05$ ) between self-compassion and medication adherence behavior and quality of life [30].

This research has limitations, namely the research was only conducted on one population with a limited number of respondents and was carried out only at one time and there were other confounding factors that could affect quality of life other than self-compassion which were not investigated further by researchers. Some limitations in this study can be used as suggestions for future research.

## 5 Conclusion

There is a significant correlation with sufficient correlation strength and a positive direction of correlation between self-compassion and the level of quality of life in people with HIV/AIDS in the Solo plus Surakarta Peer Support Group (KDS).

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## References

1. Latifah, D., Mulyana, N.: Peran pendamping bagi orang dengan HIV/AIDS (ODHA). *Prosiding Penelitian dan Pengabdian kepada Masyarakat*, 2(3), 306–311 (2017).
2. Amalia, R., Sumartini, S., Sulastri, A.: Gambaran Perubahan Psikososial dan Sistem Pendukung Pada Orang Dengan HIV/AIDS (ODHA) di Rumah Cemara Gegerkalong Bandung. *Jurnal Pendidikan Keperawatan Indonesia* 4(1), 77 (2018).
3. Andari, S.: Pengetahuan masyarakat tentang penyebaran HIV/AIDS. *Jurnal PKS* 14(2), 211–224 (2015). <https://ejournal.kemsos.go.id/index.php/jpks/article/download/1321/728>
4. UNAIDS. Fact Sheet 2021 Global HIV Statistics. End AIDS epidemic (June), 1–3 (2021).
5. Kemenkes. Laporan HIV AIDS TRIWULAN I 2019. p. 158 (2019).
6. Angelika, S., Satiadarma, M. P., Koesma, R. E.: Penerapan Art Therapy untuk meningkatkan Self-Compassion pada orang dengan HIV/AIDS (ODHA). *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni* 3(1), 219–229 (2019).
7. Brion, J. M., Leary, M. R., Drabkin, A. S.: Self-compassion and reactions to serious illness: The case of HIV. *Journal of health psychology* 19(2), 218–229 (2014).
8. Adiputra, S.: Self-Compassion Profile in Lampung Culture Perspective. *JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling* 2(1), 8–21 (2018).
9. Wang, Z., Lin, H. C.: Having a consistent HIV health care provider and HIV-related clinical outcomes. *Am J Manag Care* 26(7), 288–294 (2020).

10. Carsita, W. N., Winarni, I., Lestari, R.: Studi Fenomenologi: Orang Dengan Hiv Aids (Odha) Dalam Menjalani Self-Disclosure Di Wilayah Kerja Puskesmas Bongas. *Journal of Nursing Science Update (JNSU)* 4(2), 205-224 (2016).
11. Diatmi, K., Fridari, I. G. A. D.: Hubungan antara dukungan sosial dengan kualitas hidup pada orang dengan HIV dan AIDS (ODHA) Di Yayasan Spirit Paramacitta. *Jurnal Psikologi Udayana* 1(2), 353-362 (2014).
12. Theofilou, P.: Quality of life: definition and measurement. *Europe's journal of psychology* 9(1), 150–162 (2013).
13. Sosnowski, R., Kulpa, M., Ziętałowicz, U., Wolski, J. K., Nowakowski, R., Bakula, R., Demkow, T.: Basic issues concerning health-related quality of life. *Central European journal of urology* 70(2), 206–211 (2017).
14. Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., Earleywine, M.: Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of anxiety disorders* 25(1), 123-130 (2011).
15. Beaumont, E., Durkin, M., Martin, C. J. H., Carson, J.: Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: A quantitative survey. *Midwifery* 34, 239-244 (2016).
16. Phillips, W. J., Hine, D. W.: Self-compassion, physical health, and health behaviour: A meta-analysis. *Health Psychology Review* 15(1), 113-139 (2021).
17. Dowd, A. J., Jung, M. E.: Self-compassion directly and indirectly predicts dietary adherence and quality of life among adults with celiac disease. *Appetite* 113, 293-300 (2017).
18. Canêo, L. F., Neirotti, R.: The importance of the proper definition of adulthood: what is and what is not included in a scientific publication. *Brazilian journal of cardiovascular surgery* 32, 60-60 (2017).
19. Rohmatullailah, D., Fikriyah, D.: Faktor Risiko Kejadian HIV Pada Kelompok Usia Produktif di Indonesia. *Jurnal Biostatistik, Kependudukan, dan Informatika Kesehatan* 2(1), 45-59 (2021).
20. Naully, P. G., Romlah, S.: Prevalensi HIV dan HBV pada Kalangan Remaja. *Jurnal Kesehatan* 9(2), 280-288 (2018).
21. KEMENKES RI. Infodatin HIV AIDS. Kesehatan. 1–8 (2020). <https://pusdatin.kemkes.go.id/resources/download/pusdatin/infodatin/infodatin-2020-HIV.pdf>
22. Kusuma, H.: Factors Influencing Quality Of Life In HIV/AIDS Patient Taken Care In Cipto Mangunkusumo Hospital. *Media Med Muda* 1(2), 115–124 (2016).
23. Antara, I. N. B. S.: Profil Gangguan Fungsi Kognitif Pasien HIV/AIDS di Klinik VCT RSUP Sanglah. *Medicina (B Aires)* 50(1), 104–108 (2019).
24. Utara, I. S., Penelitian, A., Ramadhanti, A., Kedokteran, F., Lampung, U., Lampung, B., et al.: Perbedaan kejadian kondiloma akuminata pada pasien hiv berdasarkan stadium klinis infeksi hiv the differences of condyloma acuminata in hiv patients based on the clinical stage of hiv infection 19(1), 10–21 (2020).
25. Yulianti, M. U., Wahyudi, H.: Studi deskriptif mengenai self-compassion pada ibu rumah tangga penderita hiv/aids di kelurahan x kota bandung. *Prosiding Psikologi*, 67–73 (2015).
26. Martins, A., Canavarro, M., Pereira, M.: The role of psychological flexibility and self-compassion in mental health and quality of life of HIV-infected adults. (2017).
27. Pinto-Gouveia, J., Duarte, C., Matos, M., Fráguas, S.: The protective role of self-compassion in relation to psychopathology symptoms and quality of life in chronic and in cancer patients. *Clinical psychology & psychotherapy* 21(4), 311-323 (2014).
28. Gedik, Z., Idiman, E.: Health-related quality of life in multiple sclerosis: Links to mental health, self-esteem, and self-compassion. *Dusunen Adam: Journal of psychiatry & neurological sciences* 33(1) (2020).



29. Sirois, F. M., Hirsch, J. K.: Self-compassion and adherence in five medical samples: The role of stress. *Mindfulness* (N Y) 10(1), 46-54 (2019).
30. Skelton, W. M., Cardaciotto, L., O'Hayer, C. V., Goldbacher, E.: The role of self-compassion and shame in persons living with HIV/AIDS. *AIDS care* 33(6), 818-826 (2021).

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