



Concept Analysis of Self-Acceptance for People With HIV/AIDS (PLWHA)

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Abstract. HIV infection is a globally recognized health issue, characterized by the invasion of the Human Immunodeficiency Virus, leading to the development of AIDS. People Living With HIV/AIDS (PLWHA) encounter multifaceted challenges encompassing bio-psycho-social-spiritual dimensions. The pivotal role of self-acceptance emerges as a critical factor influencing the social interaction and overall quality of life for PLWHA. Despite its complexity, self-acceptance poses a significant barrier to decision-making and the formulation of health solutions for both PLWHA and healthcare professionals. This study aims to elucidate and analyze the intricacies of self-acceptance in PLWHA, employing Walker and Avant's (2019) framework. The attributes of self-acceptance in PLWHA are delineated as attitudes of self-respect and respect for others. Through the examination of antecedents, consequences, cases analysis and empirical references, this research provides clarity on the concept. The definition derived from this study holds implications for clinical practices and future research, fostering a deeper understanding of the link between self-acceptance, social interaction, and the quality of life for PLWHA. Health officers are anticipated to leverage these insights to deliver comprehensive health services and advocate for the successful integration of self-acceptance, thereby enhancing the quality of life for PLWHA.

Keywords: Concept Analysis, HIV/AIDS, PLWHA, Self-Acceptance.

1. Introduction

HIV infection poses a significant health challenge globally. This infectious and lethal virus compromises the immune system, leading to the development of AIDS (acquired immunodeficiency syndrome) [1]. AIDS is characterized by a cluster of symptoms resulting from a decline in the body's immunity caused by the invasion of HIV, which targets T lymphocytes and reduces CD4 cell count, rendering the body susceptible to infections [2]. HIV belongs to a group of retroviruses with the ability to replicate its genetic material within the host cells, ultimately causing the destruction of T4 cells [3]. The viral particles integrate with the patient's cell DNA, establishing a lifelong infection [2]. The gravity of HIV

infection necessitates a comprehensive understanding of its mechanisms for effective intervention and treatment strategies in the broader context of public health.

According to data from the World Health Organization in 2022, the global prevalence of HIV/AIDS is projected to affect 39 million individuals, comprising 37.5 million adults and 1.5 million children. The worldwide death toll due to HIV/AIDS is estimated at 630 thousand [4]. In Indonesia, the anticipated prevalence of HIV/AIDS in 2022 is 540 thousand, with 520 thousand adults and 18 thousand children affected. The number of deaths is projected to reach 26 thousand [5]. Among the Indonesian provinces, those with the highest number of HIV/AIDS cases in 2022 include West Java (6,125 cases), East Java (4,688 cases), DKI Jakarta (4,176 cases), Central Java (4,140 cases), and Papua (2,253 cases) [6]. These statistics underscore the urgent need for targeted interventions and public health initiatives to address the impact of HIV/AIDS on a global and national scale.

The primary transmission risk factors for HIV/AIDS are associated with risky sexual behaviors, including having multiple sexual partners, engaging in unprotected intercourse, practicing anal sex, and a history of sexually transmitted infections. Additional transmission factors include injecting drug use, particularly among injecting drug users, a history of receiving unscreened blood transfusions, and parenteral transmission [7]. Individuals infected with HIV typically exhibit non-specific symptoms during the acute phase, occurring 3-6 weeks post-infection, such as fever, sore throat, rash, diarrhea, cough, and swollen lymph nodes. Asymptomatic HIV infection may persist for 8-10 years, after which a decline in immune function leads to symptoms of opportunistic infections, such as weight loss, prolonged fever, weakness, enlarged lymph nodes, diarrhea, tuberculosis, herpes, and fungal infections. The clinical severity of symptoms progresses, eventually leading to the development of AIDS [2].

HIV/AIDS is not only a medical illness requiring physical medical treatment but also a terminal illness, posing a threat to the individual's soul as it is incurable [3]. The treatment of HIV/AIDS with Antiretrovirals (ARVs) does not offer a cure but aims to provide hope for extended life and an improved quality of life for people living with HIV/AIDS (PLWHA). However, ARV treatment comes with significant challenges due to various side effects experienced by patients, including nausea, vomiting, diarrhea, constipation, headache, insomnia, visual problems, loss of smell function, anemia, anxiety, confusion, depression, nightmares, and delusions. These side effects can impact the compliance of PLWHA with their treatment, and discontinuation of treatment can lead to serious consequences, such as the development of medication resistance and the ineffectiveness of therapeutic interventions [8].

HIV/AIDS presents a multifaceted challenge for People Living With HIV/AIDS (PLWHA), encompassing bio-psycho-social-spiritual dimensions. [9]. Physically, PLWHA undergo a prolonged illness journey marked by a progressive decline in immune function, leading to the manifestation of opportunistic infections [10]. Beyond the physical challenges, PLWHA grapple with emotional and social transformations, economic difficulties, familial rejection,

and societal stigma, fostering a negative psychological environment. A significant psychological impact faced by PLWHA is the struggle with self-acceptance. This often involves initial denial of the diagnosis, giving rise to feelings of depression and anger, leaving the patient in a state of resistance and an inability to accept their reality [11].

Self-acceptance is the positive attitude an individual holds toward oneself, encompassing an acknowledgment of limitations, self-recognition, and an appreciation of one's aptitudes [11]. It involves fostering a positive outlook on life, accepting and embracing various aspects of oneself. The impact of self-acceptance is profound, influencing an individual's ability to navigate life and accept themselves without fear of honest self-reflection, both internally (emotionally and mentally) and externally (in behavior and appearance). For People Living With HIV/AIDS (PLWHA), self-acceptance plays a crucial role in determining how they approach their health-related challenges. Despite its importance, achieving self-acceptance is one of the most challenging aspects faced by PLWHA [10].

Upon receiving a new diagnosis or discovering one's HIV/AIDS status, individuals often struggle to accept their condition [10]. Emotionally, they may experience a range of reactions, including a sense of hopelessness, disbelief, downturn, and regret, which are typical responses to a terminal diagnosis [12]. In a state of mourning, individuals may reject the reality of their situation, resisting information and any associations with their experience [12]. According to the Kubler-Ross theory, individuals confronting a life-threatening illness undergo five phases: denial (denial of the self or the situation), anger (expressing frustration), bargaining (seeking alternatives), depression (experiencing profound sadness), and acceptance (coming to terms with the reality) [13].

In Islam, self-acceptance, or Qonaah, is associated with being content with what one possesses. Qonaah involves feeling satisfied with whatever Allah has bestowed, whether abundance or scarcity, enabling one to avoid deplorable behavior and control desires. From a spiritual perspective, Qonaah is defined as being content with one's possessions, exerting effort with gratitude, and surrendering to God's will [14]. In psychology, self-acceptance refers to an individual's reception of all attributes, positive or negative [15]. Previous studies indicate that many People Living With HIV/AIDS (PLWHA) initially blame themselves upon diagnosis, attributing it to past behavior, before eventually accepting the reality of their situation [16]. It's crucial to distinguish self-acceptance from self-esteem. Self-acceptance involves maintaining a positive outlook on oneself, accepting various aspects, while self-esteem pertains to a personal evaluation of one's worth based on demonstrated behavior [3].

Individuals living with HIV/AIDS (PLWHA) who can accept themselves and their situation are expected to experience an improvement in their overall quality of life [3]. According to Hurlock's theory, a positive self-acceptance contributes to better individual and social adjustment. This adjustment process involves recognizing one's strengths and weaknesses, cultivating self-confidence and self-esteem, accepting constructive criticism, possessing a sense of security, and maintaining realistic self-judgment. Harlock identifies several factors that contribute to self-adaptation, including self-understanding, realistic expectations,

absence of environmental obstacles, positive social attitudes, minimal stress, successful influence, identification with those exhibiting good self-adjustment, expansive self-perspective, good parenting patterns, and a stable self-concept [17]. A study by Pardede et al. (2023) reveals a negative correlation between self-acceptance in PLWHA and the level of depression. As self-acceptance improves, the level of depression in PLWHA tends to decrease.

Self-acceptance constitutes one of the six foundational dimensions of psychological well-being, alongside positive relationships, autonomy, mastery of the environment, life goals, and self-perspective. In the context of People Living With HIV/AIDS (PLWHA), research by Sansinenea et al. (2020) indicates a correlation between low levels of self-acceptance and depression [19]. The process of self-acceptance in PLWHA is intricate, encompassing consistent health-related goals, confidence in personal values, and robust social support [19]. PLWHA encounter significant challenges, including the stigma associated with the disease, confronting the finite nature of life, and developing strategies to maintain both physical and emotional well-being [20]. Healthcare professionals are vital in providing comprehensive health services and advocacy to assist PLWHA in navigating both health and social challenges, ultimately enhancing their overall quality of life [9].

2. Objective

This conceptual analysis seeks to provide a thorough exploration of the theoretical definition of self-acceptance in the context of People Living With HIV/AIDS (PLWHA). The analysis aims to elucidate the components of self-acceptance by examining its antecedents, attributes, and consequences.

3. Method

This conceptual analysis, employing the framework proposed by Walker and Avant, aims to elucidate the theoretical definition of self-acceptance in People Living With HIV/AIDS (PLWHA). The research methodology involves an extensive review of relevant literature from databases such as ProQuest, EBSCOHOST, and Google Scholar, utilizing keywords such as HIV/AIDS and self-acceptance or reception of oneself. The search is focused on articles published between 2018 and 2023. The literature analysis was conducted independently by the researchers, reviewing articles that specifically address self-acceptance in the context of PLWHA. The identified attributes were extracted using the model, borderline, and conflicting cases as a basis. Antecedents and consequences related to self-acceptance in PLWHA was also explored in the literature. To provide empirical grounding, reference to empirical studies were incorporated to offer deeper insights into the theoretical and operational definitions of self-acceptance in PLWHA. This comprehensive analysis aims to establish a foundational understanding of self-acceptance in this specific

population, contributing valuable insights and clarifications to the existing theoretical framework.

4. Result and Discussion

4.1 Concept Analysis

The analysis of self-acceptance in the context of individuals diagnosed with HIV/AIDS reveals a challenging emotional journey. Typically, newly diagnosed individuals struggle to accept their reality, leading to self-blame, depression, feelings of guilt, and even suicidal thoughts. The psychological impact of the diagnosis often hinders the immediate acceptance of the condition. This aspect underscores the complexity of self-acceptance in the face of a life-altering diagnosis.

Furthermore, self-acceptance is intricately linked to the individual's willingness to undergo treatment. The emotional turmoil associated with the diagnosis may influence a person's motivation and commitment to engage in medical interventions. Understanding the interplay between self-acceptance, mental health, and treatment adherence is crucial for developing effective support systems for individuals grappling with the challenges of living with HIV/AIDS. The analysis emphasizes the need for holistic approaches that address the emotional dimensions of self-acceptance alongside medical interventions for a comprehensive response to the well-being of those affected by HIV/AIDS.

4.2. Identify All Use of the Concept

"Self" refers to the description of an individual, representing something unique to each person and comprising essential characteristics and personal processes [21]. "Acceptance" involves the reception or complete acceptance of oneself [21]. "Self-acceptance" is an individual's reception of all their attributes, whether positive or negative [15]. It can be defined as the degree to which someone recognizes their personal characteristics, including advantages and disadvantages, and embraces these characteristics in their life to form personal integrity [17]. In the context of HIV/AIDS, where Human Immunodeficiency Virus (HIV) attacks the body's immune system, leading to acquired immunodeficiency syndrome (AIDS), self-acceptance becomes a crucial aspect for People Living With HIV/AIDS (PLWHA). PLWHA refers to individuals confirmed to be positive for HIV/AIDS[2].

From various perspectives, self-acceptance in PLWHA can be understood as their ability to fully accept themselves, acknowledging both limitations and strengths, and accepting their health condition. This acceptance empowers individuals to adopt attitudes and make informed decisions regarding their health challenges. The concept of self-acceptance is fundamental in the holistic well-being and decision-making processes of PLWHA.

4.3. Determinants and Definitions of the Attributes

The foundation for the concept analysis is derived from an extensive review of relevant literature. The author systematically examines various sources to identify and bolster key ideas related to self-acceptance in People Living With HIV/AIDS (PLWHA). This literature review serves as a crucial step in establishing a comprehensive understanding of the concept, providing insights into antecedents, consequences, term replacements, related concepts, and the contextual application of self-acceptance.

Within the realm of self-acceptance in PLWHA, the literature emphasizes two distinct aspects that contribute to a nuanced comprehension of this concept. The author relies on a diverse range of data collection references to support and validate the identified aspects, ensuring a robust foundation for the concept analysis. [22]:

Self Appreciation

Respecting oneself involves acknowledging and valuing one's experiences, without harboring regrets or viewing conditions negatively [22]. People Living With HIV/AIDS (PLWHA) encounter a myriad of challenges, spanning physical and psychological realms. Physiologically, the compromised immune system makes the body susceptible to illnesses, while psychologically, patients may grapple with anger, loss of self-trust, frustration, and conflicts arising from disclosing their health status [9]. The social dimension adds another layer of complexity, as PLWHA often face stigma and discriminatory treatment. These challenges, whether internal or external, contribute to a negative self-perception and impact an individual's self-acceptance and concept of self [23]. The diverse reactions to self-acceptance among individuals affected by HIV/AIDS influence their ability to navigate life positively. Low self-acceptance in PLWHA is linked to an increased likelihood of depression, feelings of rejection, and a higher tendency towards self-harm [7]. Conversely, those with good self-acceptance are better positioned to adapt effectively to the challenges posed by the disease, enabling them to make informed decisions for overcoming health-related issues and enhancing their overall quality of life [3].

Appreciation to Others

Respecting others involves recognizing and valuing the roles and perspectives of individuals in one's life, even if they differ from one's own principles [22]. For People Living With HIV/AIDS (PLWHA), their self-perception is significantly influenced by the environment's acceptance or rejection of their condition, often leading to a choice of self-isolation. The feelings of discrimination can further contribute to difficulties in establishing connections with the broader social environment. Self-acceptance, or reception of oneself, is closely linked to positive views across four domains: personal goals, social roles, interpersonal relationships, and one's situation in the social environment [24]. Drawing from Hurlock's theory, a positive self-acceptance contributes to better individual and social

adjustment [17]. Additionally, Sheerer's theory suggests that societal attitudes and environmental obstacles can hinder an individual's self-acceptance [12]. The support from family and society plays a crucial role in the well-being of PLWHA, enabling them to accept their situation and navigate life more effectively [10].

4.4. Case Models

Mr. A, a 38-year-old man, presented to the hospital with complaints of persistent fever, diarrhea, weight loss, weakness, and recurring canker sores in the mouth for over a month. He disclosed a history of unprotected sexual contact with a sex worker a year ago. Following an HIV rapid test, he received a reactive result, leaving him shocked and saddened. After counseling, Mr. A expressed willingness to undergo Antiretroviral (ARV) treatment and to use condoms with his wife. However, he hesitated to disclose his HIV status to his wife, fearing her disappointment.

At home, Mr. A diligently adhered to his ARV medication regimen, improved his nutritional intake, and followed medical advice. He decided to abstain from unprotected sex for the sake of his health and family. Seeking solace through worship and seeking forgiveness from God, he found calmness. After a month, he courageously disclosed his HIV-positive status to his wife, urging her to undergo an HIV test. After six months of ARV treatment, CD4 examination showed a level exceeding 500 cells/mm³ with no opportunistic infections.

This case embodies various attributes of the concept of self-acceptance. Mr. A made informed decisions regarding his health, demonstrated positive self-acceptance through consistent medication adherence, nutritional improvement, and regular hospital visits. His acceptance process included seeking spiritual comfort, leading to a more serene outlook. Despite maintaining secrecy within his extended family and surroundings, Mr. A displayed resilience and positive changes in health-related behaviors.

4.5. Borderline Case

Mr. A, 38 years old came to the hospital with complaint fever and diarrhea more from 1 month, decrease weight, body feels weak and emerging Lots canker sores in the mouth. Patient say Once do connection sexual with prostitutes without use condom about 1 year ago. After done HIV rapid test examination, patient stated reactive. Patient feel shocked, sad and not believe that himself infected with HIV. After given counseling by staff, patients say willing for do ARV treatment and use condom when relate sexual with his wife, however patient say not yet Ready for reveal the status of the disease to wife because Afraid his wife later disappointed.

While at Mr. A takes ARVs with organized and running advice from officer health. Patient routine control to RS, increase intake nutrition and reveal the status of the disease to his wife. Patient look for information about HIV/AIDS through social media or asked the power his health know. Patient try accept the condition with get closer self to God with worship, however often appear sadness if happen problem family that is triggered by conditions disease patient. This matter often cause patient feel stress and return blame himself alone.

But patient often keep sadness itself and not express it to power health for get help for overcome problem psychological.

That case no contains all attributes draft in a way complete. Patient follow and implement recommendation officer health and unlock the status to partner. Patients also try criminal the condition with get closer self to God. However, when it happens problem family triggered by illness patient and cause patient feel sad, disappointed as well as finally blame himself again, patient more choose for harbor problem alone. Patient no disclose problem psychological experience to officer health for request help in solving problem, so give rise to stress and burden psychology in the end can cause patient fell into condition depression and affect quality his life.

4.6. Related Cases

Mr. A, 38 years old came to the hospital with complaint fever and diarrhea more from 1 month, decrease weight, body feels weak and emerging lots canker sores in the mouth. Patient say once do connection sexual with prostitutes without use condom about 1 year ago. After done HIV rapid test examination, patient stated reactive. Patient feel shocked, sad and not believe that himself infected with HIV. After given counseling by staff, patients say willing for do ARV treatment and use condom when relate sexual with his wife, however patient say not yet ready for reveal the status of the disease to wife because afraid his wife later disappointed

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4.7. Contrary Cases

Mr. A, a 38-year-old, sought medical attention for complaints of persistent fever, diarrhea, weight loss, weakness, and recurring canker sores in the mouth. He disclosed engaging in unprotected sexual contact with a sex worker a year ago, leading to a reactive result in the HIV rapid test. Mr. A, initially shocked and saddened, expressed willingness for Antiretroviral (ARV) treatment but hesitated to disclose his status to his wife due to fear of disappointment.

At home, Mr. A demonstrated irregular adherence to ARVs, citing laziness or forgetfulness. He had a poor appetite, leading to weakness, moodiness, and a tendency to avoid interaction with his wife. Mr. A struggled to accept his HIV-positive status, feeling separated from hope and contemplating ending his life. This case highlights non-compliance with treatment commitments and the patient's difficulty in accepting both himself and his health condition, leading to depression, avoidance of disclosure, and negative thoughts.

This scenario underscores the challenges individuals may face in adhering to treatment plans and the profound impact of a HIV-positive diagnosis on mental health. The patient's emotional and behavioral struggles emphasize the importance of comprehensive support and counseling in managing the psychological aspects of living with HIV.

4.8. Identification Antecedents and Consequences

Antecedents

Self-acceptance, a crucial aspect for People Living With HIV/AIDS (PLWHA), involves an individual's ability to acknowledge and evaluate their existence independently. Soliha and Masfi (2018) emphasize that self-acceptance enables individuals to make decisions and address the challenges they encounter. This is particularly vital for PLWHA, allowing them to navigate life more effectively, develop coping mechanisms for physical, psychological, and social issues, and achieve mental well-being [11] According to Bastaman's theory, the components influencing one's success in finding meaning in life, which is a part of self-acceptance, include [26]:

Self-insight

Increasing awareness of one's current condition and a strong desire to make positive changes. PLWHA's understanding of their own condition motivates them to make informed decisions in seeking help and treatment for their health issues [26].

The Meaning of Life

Recognizing important and meaningful values for personal life, working towards fulfilling life objectives. PLWHA who accept their condition are expected to set positive goals for themselves, moving away from past negative habits [26].

Changing Attitude

Transforming negative behaviors into positive and more constructive responses to problems. The self-acceptance process in PLWHA is complex, and those who embrace it are likely to change their negative self-perception and adopt more adaptive attitudes towards themselves and their environment [26].

Self-Commitment

Making a personal commitment to a meaningful and defined life. Strong commitment motivates PLWHA to lead a more meaningful life, aligning their actions with established objectives for both health and social aspects [26].

Directed Activities

This refers to conscious and intentional efforts made towards the positive development of personal potential and the strategic utilization of relationships to achieve life objectives. For People Living With HIV/AIDS (PLWHA), engaging in directed activities involves behavioral changes such as adopting safer practices (e.g., using condoms), adhering to treatment plans, interacting with family and the community, working, and participating in meaningful activities. These intentional activities contribute to a sense of usefulness and have the potential to enhance the overall quality of life for PLWHA [26].

Social Support

Social support entails the presence of trustworthy individuals or a supportive network always ready to provide assistance when needed. For PLWHA, acceptance and support from family, peers, and the broader community are crucial for daily life. This support system serves as motivation, fostering enthusiasm, a sense of safety, and acceptance. Social support is instrumental in helping PLWHA lead fulfilling lives, preventing discrimination, and mitigating the negative stigma associated with the disease [26].

Consequence

The successful achievement of self-acceptance, particularly for individuals, including those living with HIV/AIDS (PLWHA), results in significant consequences, specifically in terms of self-adjustment and social adjustment. Self-adjustment involves an individual's capacity to recognize both their strengths and weaknesses, fostering self-confidence, self-esteem, a positive self-concept, and the ability to accept criticism from others. Social adjustment, on the other hand, focuses on an individual's proficiency in accepting the presence of others, enabling PLWHA to engage more effectively within their social environment [27].

Evaluating the enhancement of the quality of life for PLWHA serves as a key indicator to assess the success of self-acceptance. Previous research indicates a correlation between self-acceptance and the quality of life among PLWHA. Quality of life is assessed across five dimensions: physical health, psychological health, level of activity, social connections, and the environment [28]. Notably, the results of previous studies suggest that the quality of life for PLWHA is a direct consequence of successful self-acceptance.

Breaking down the dimensions, physical health encompasses daily activities, dependence on medication and medical assistance, energy levels, mobility, pain, sleep, and work capacity. Psychological health covers aspects such as body image, positive and negative emotions, self-esteem, spiritual or religious beliefs, cognitive functions, and memory. Activity level considers mobility, daily activities, communication, and work-related skills. Social connections include personal connections, social support, and sexual activity. Lastly, the environment aspect covers financial resources, physical security and safety, healthcare and social care, home environment, opportunities for information sharing and skill development, recreational activities, and the physical surroundings [28].

4.9. Empirical References

The measurement approach employed in this study is informed by empirical references [29]. The primary objective is to assess patients' proficiency in self-acceptance and their ability to adhere to commitments aligned with predefined goals. The success of this application is gauged by the stability of patients' emotions, their willingness to disclose their disease status to partners/families, and their adeptness in interacting with others and their environment.

To quantify self-acceptance in HIV/AIDS patients, the study utilizes Berger's Self-Acceptance Scale. This tool, initially developed by Sheerer and later modified by Emanuel M. Berger in 1952, assesses nine characteristics of self-acceptance. These characteristics include maintaining values and standards independent of external influences, having confidence in leading one's life, taking responsibility for one's capabilities, accepting criticism objectively, avoiding self-blame in interpersonal relations, perceiving oneself similarly to others, refraining from seeking rejection under any circumstances, not considering oneself different from others, and maintaining a positive self-perception [19].

4.10. Concept Analysis Model

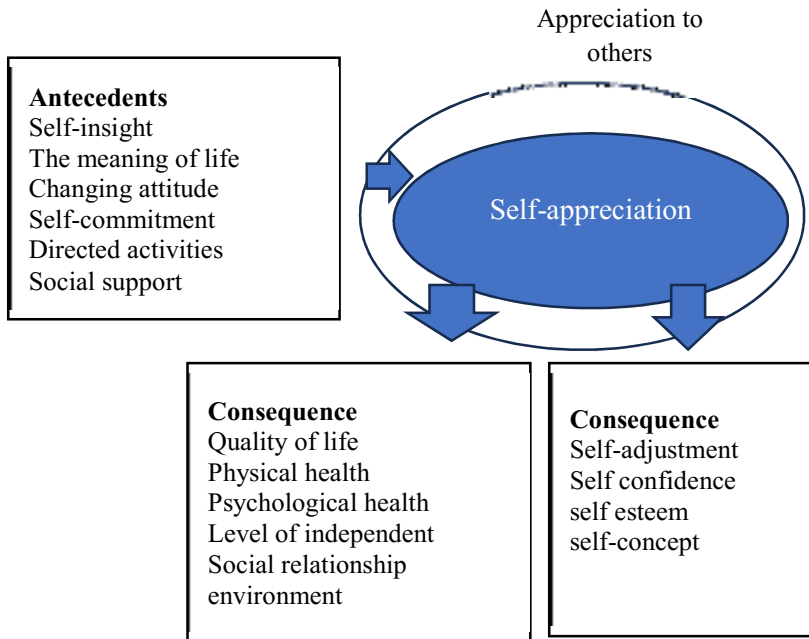


Fig 1. Analysis Concept of *Self-Acceptance* Model for PLWHA

5. Conclusion

Definition theoretical, antecedent, attribute and consequence from *self-acceptance* in PLWHA has been found. Analysis as well as continued study is necessary along with development draft this. Explanation draft this beneficial for implementation study furthermore. Description draft this expected can become base for clarify definition theoretical from *self-acceptance* (acceptance self) in PLWHA.

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