

The Effect Of Happy Spiritual Therapy On The Quality Of Life Patients Living With Hiv/Aids : A Quasi-Experimental Study

Gardha Rias Arsy*, Rizky Tri Lestari, Sri Hindriyastuti

Institut Teknologi Kesehatan Cendekia Utama Kudus, Indonesia

*Corresponding Author: gardarias051@gmail.com

Abstract. Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system, while Acquired Immune Deficiency Syndrome (AIDS) is the final stage of HIV infection, characterized by severe immune suppression and the emergence of opportunistic infections. HIV/AIDS remains a global health issue, including in Indonesia. According to data from the Indonesian Ministry of Health, the number of HIV cases continues to increase annually, with tens of thousands of new cases reported each year. HIV/AIDS patients face various physical, psychological, and spiritual challenges that affect their quality of life. Spiritual interventions such as happy spiritual can be a holistic approach to help improve patients' quality of life by providing peace, hope, and meaning in life. This study aimed to determine the effect of happy spiritual on the quality of life of HIV/AIDS patients at RSUD RA Kartini Jepara. This research used a quasi-experimental design with a one-group pretest-posttest approach. The sample consisted of 24 respondents selected through purposive sampling. Data were collected using the WHOQOL-HIV BREF questionnaire before and after the happy spiritual intervention. The data were analyzed using the Wilcoxon test. Results: The results showed an improvement in the quality of life of HIV/AIDS patients after receiving the happy spiritual intervention. Patients with good quality of life increased from 4 respondents (16.7%) to 21 respondents (87.5%), while those with poor quality of life decreased from 20 respondents (83.3%) to 3 respondents (12.5%). The Wilcoxon test showed a significant difference in quality of life scores before and after the intervention, with a p-value of 0.000. This indicates that the happy spiritual intervention had a significant effect on improving the quality of life of HIV/AIDS patients. Happy spiritual therapy is proven to be effective in improving the quality of life of HIV/AIDS patients. This intervention can be used as a nursing approach that considers the spiritual aspects of patients.

Keywords: Happy Spiritual, Quality of Life, HIV/AIDS.

INTRODUCTION

According to UNAIDS (2024), the number of people acquiring HIV in 2023 was 39% lower than in 2010, representing a 56% decline. Nevertheless, an estimated 1.3 million (1.0 million–1.7 million) people acquired HIV in 2023—more than three times the target of 370,000 or fewer new infections by 2025. In 2021, approximately 1.5 million people acquired HIV, and 650,000 people died from HIV-related causes. The primary modes of transmission were heterosexual sexual contact (69.3%), homosexual contact (9.6%), and the sharing of injection equipment (9.1%). The highest percentages of people living with HIV/AIDS were found in the 25–49 age group (70.7%), followed by the 20–24 age group (15.7%) and those over 50 (7.1%). Regions projected to experience an increase in the number of new HIV infections include Eastern Europe and Central Asia, Latin America, and the Middle East and North Africa.

HIV-positive cases in Indonesia have shown an upward trend over the past eleven years. In 2023, a total of 503,201 HIV cases and 316,410 AIDS cases were reported. The estimated number of individuals at risk of infection in 2022 was 654,951; of this total, 79.1% (517,812 people) had received standardized early HIV detection services. This figure represents a significant increase compared to trends observed over the preceding three years. The decline in cases recorded between 2020 and 2021 was attributed to the implementation of Community Activity Restrictions (PPKM). The provinces contributing the highest numbers of HIV/AIDS cases are Jakarta (80,000 cases), West Java (9,625 cases), East Java (9,208 cases), Central Java (2,882 cases), and North Sumatra (2,562 cases); Central Java ranks fourth in terms of HIV cases (Kementerian Kesehatan, 2024).

Reports from Central Java indicate a general upward trend in the number of reported HIV-positive cases over the years, with 2,882 cases recorded in 2023. There were 1,549 new AIDS cases reported in 2023, a decrease from the 2,316 new cases recorded in 2019 (Central Java Health Office, 2023). In 2023, Semarang recorded the highest number of cases at 413 (59.9%), a slight decrease from 2022 (60.4%). The number of AIDS cases rose compared to 2022, with 11 deaths attributed to AIDS; meanwhile, Pati saw an increase of 319 HIV/AIDS cases, and Jepara recorded 127 cases. Data on HIV/AIDS patients in

Jepara Regency from 1997 through August 2024 show a total of 1,685 individuals; of these, only 1,115 (66%) are aware of their status. Furthermore, among the 1,115 individuals who know their status, only 646 are undergoing treatment at community health centers (Puskesmas) and hospitals (Dinas Kesehatan Jateng, 2024).

Between October 2021 and October 2022, there were 69 recorded cases of sexually transmitted diseases (STDs) at the RA Kartini Regional General Hospital (RSUD) in Jepara (Kartika & Lathifah, 2024). Nearly 90% of individuals living with HIV and AIDS experience physical and psychological issues, such as stress, weight loss, feelings of guilt, denial, anxiety, skin disorders, frustration, confusion, reduced work motivation, fear, depression, and even potential suicidal ideation. In their daily lives, those living with HIV/AIDS must cope with complex challenges—whether physical, psychological, or spiritual—that collectively impact their quality of life (Hasanah *et al.*, 2019).

Happy spiritual therapy is an approach that integrates elements of happiness, mental well-being, and spiritual growth to help individuals achieve inner peace and emotional balance, as well as improve their quality of life. This concept can be implemented using audio or sound as an effective method to calm the mind, support mental health, and foster emotional balance. In the context of clinical care for HIV/AIDS patients, spirituality plays a vital role in instilling hope and enhancing an individual's motivation regarding the meaning of life and the effort to live it. Thus, "happy spiritual" therapy serves as a nursing intervention aimed at enhancing patients' spiritual well-being while simultaneously improving their quality of life (Meidiana *et al.*, 2022).

A study by Fitri *et al.* (2023) on the influence of spirituality levels on the quality of life of HIV/AIDS patients found—among 44 respondents—an average spirituality score of 111.5, with the majority falling into the "good" category. The average quality of life score was 108.23, with most patients also falling into the "good" category. Statistical analysis yielded a p-value of 0.000, indicating a significant influence of spirituality levels on the quality of life of HIV/AIDS patients, characterized by a strong positive correlation. Therefore, it can be concluded that spiritual therapy can improve the quality of life for HIV/AIDS patients.

Spirituality is a factor that can influence the quality of life of HIV/AIDS patients. For these patients, spirituality involves drawing closer to God, seeking support from loved ones, and harboring hope for a better life. The spiritual domain scores highest in terms of quality of life—meaning patients with a strong spiritual life also enjoy a good quality of life—whereas the social and environmental domains score lowest, a result attributed to the high levels of stigma and discrimination experienced by HIV/AIDS patients. In summary, the spiritual domain ranks highest regarding the quality of life of HIV/AIDS patients, while the social and environmental domains rank lowest; spirituality is closely linked to quality of life in HIV/AIDS patients, serving as a coping mechanism (Ramadani *et al.*, 2020).

METHODS

The study population consisted of 242 HIV/AIDS patients visiting the Matahari Clinic at RSUD RA Kartini Jepara. The sample consists of 10 percent of 242, which is 24 respondents. The sampling technique used in this study is purposive sampling. The type of instrument used in this study is the World Health Organization Quality of Life (WHOQOL-HIV-BREF) questionnaire. Using a questionnaire on the quality of life of HIV/AIDS patients consisting of 31 questions (Fitri *et al.*, 2023). The final measurement was conducted one week after the intervention to assess the patients' "happy spiritual" capabilities and quality of life, utilizing an instrument based on indicators of a good quality of life. This instrument had previously been validated using the expert judgment method (Rahayu *et al.*, 2023).

RESULTS AND DISCUSSION

Respondent Characteristics

The study was conducted at the Matahari Clinic of RA Kartini (RSUD), Jepara. Purposive sampling was employed, applying specific inclusion and exclusion criteria to obtain a sample of 24 respondents; the results are as follows:

Table 1 Frequency Distribution by Gender of HIV/AIDS Respondents at RSUD RA Kartini Jepara

Jenis Kelamin	Frekuensi (f)	Presentase (%)
Male	8	33.3
Female	16	66.7
Total	24	100.0

HIV/AIDS patients regularly visiting the Matahari Clinic at RSUD RA Kartini Jepara were female (16 respondents, or 66.7%), while 8 respondents (33.3%) were male.

Table 2 Frequency Distribution of HIV/AIDS Respondents by Age at RSUD RA Kartini, Jepara

Umur	Frekuensi (f)	Presentase (%)
(20-24)	1	4.2
(25-44)	11	45.8
(45-59)	12	50.0
Total	24	100.0

Based on Table 2 the majority of HIV/AIDS patients regularly visiting the Matahari Clinic at RA Kartini Regional General Hospital (RSUD) in Jepara were in the middle-age group (45–59 years), comprising 12 respondents (50.0%); this was followed by the young adult group (25–44 years) with 11 respondents (45.8%), while the young age group (20–24 years) accounted for only 1 respondent (4.2%).

The Influence of Spiritual Well-being on the Quality of Life of HIV/AIDS Patients at RSUD RA Kartini Jepara.

Table 3 Analysis of the Influence of Spiritual Well-being on the Quality of Life of HIV/AIDS Patients at RSUD RA Kartini Jepara

Quality of life	Pre		Post		P Value
	f	%	f	%	
hight (94-155)	4	16.7	21	87.5	0.000
low (31-93)	20	83.3	3	12.5	
Total	24	100.0	24	100.0	

Quality of Life Prior to the Happy Spiritual Intervention.

Results obtained prior to the happy spiritual intervention revealed that the majority of respondents—20 individuals (83.3%)—had a poor quality of life. Meanwhile, only 4 respondents (16.7%) demonstrated a quality of life falling into the "good" category. These findings indicate that the majority of HIV/AIDS patients continue to face various physical, psychological, social, and spiritual challenges that negatively impact their quality of life. Research by Liyanovitasari (2021), titled "Overview of the Quality of Life of People Living with HIV/AIDS (PLWHA)," indicates that among 57 respondents, 39 (68.4%) had a poor quality of life, while 18 (31.6%) had a good quality of life.

Two types of factors-precipitating and predisposing-can influence the quality of life of HIV/AIDS patients; gender is one such factor. Regarding gender, women tend to rely more on emotion than men when coping with stressors. Consequently, a woman's psychological status is affected when she is diagnosed with HIV, undergoes long-term treatment, experiences symptom complications, or faces social pressure from her environment. Men, in contrast, tend to rely more on logic. This study found that the majority of HIV/AIDS patients were female (16 respondents, or 66.7%), while 8 respondents (33.3%) were male (Kusuma, 2022).

The history of HIV/AIDS also influences a patient's quality of life; this aligns with research (Novia, 2022) examining the relationship between the duration since diagnosis and the quality of life of people living with HIV/AIDS (PLWHA). Among the 38 respondents sampled, 60.5% generally reported a poor quality of life, while 39.5% reported a good quality of life. Chi-square test results indicate a significant relationship between the duration since diagnosis and the quality of life of PLWHA, with a significance value (p) of 0.006 and a negative correlation coefficient (r) of 0.443. Thus, it can be concluded that there is a relationship between the duration since diagnosis and the quality of life of PLWHA. The longer an individual lives with HIV/AIDS, the greater the likelihood of experiencing ongoing physical, psychological, and social impacts resulting from the disease. The duration of living with an HIV/AIDS diagnosis can lead to mental fatigue, treatment burnout, social pressure, and the risk of complications, all of which collectively contribute to a decline in the patient's quality of life.

Quality of Life After the Happy Spiritual Intervention

Regarding the quality of life experienced by respondents following the happy spiritual intervention, the number of respondents with a good quality of life rose from 4 (16.7%) to 21 (87.5%), while the number of those with a poor quality of life fell from 20 (83.3%) to 3 (12.5%). Following the administration of "Happy Spiritual" therapy—conducted three times a week for 30-minute sessions—the proportion of HIV/AIDS patients with poor quality of life decreased from 83.8% to 12.5%, while the proportion with good quality of life rose from 16.7% to 87.5%. The average improvement in respondents' quality of life was 70.8%. These findings align with research conducted by Fitri (2023) on the impact of spirituality levels on the quality of life of HIV/AIDS patients, in which the majority of respondents (37 out of 44, or 84.1%) reported a good quality of life. This indicates that enhancing the spirituality of patients through "Happy Spiritual" therapy is effective in improving the quality of life for HIV/AIDS patients.

Research findings by Hasanah (2019) regarding the effects of spiritual counseling on the spiritual health and quality of life of patients with HIV/AIDS indicate a significant difference in quality of life and spiritual health between the control and experimental groups. A paired t-test comparing pre- and post-intervention results in the experimental group yielded a p-value of <0.05 , whereas the control group showed a p-value of >0.05 . Following the intervention, the p-value for both groups was <0.05 , indicating a significant difference between the two groups. Spiritual counseling interventions have a positive effect on improving the quality of life and spiritual health of patients with HIV/AIDS.

This aligns with research by Munthe (2022) on the relationship between spiritual levels and the quality of life of HIV/AIDS patients, which found that patients with a good level of spirituality lead their lives more positively. Patients with high spirituality are typically better able to accept their condition, are more optimistic, and are stronger mental resilience in facing various physical, emotional, and social challenges. Research findings indicate that the higher a patient's spirituality, the better their perceived quality of life. This means that the faith, hope, and inner strength possessed by patients significantly influence how they navigate their treatment and daily lives.

Spiritual relaxation for HIV/AIDS patients is a form of therapy that combines self-calming techniques with a spiritual approach to help patients achieve a state of relaxation, peace, and self-acceptance. Spiritual relaxation plays a role in calming HIV/AIDS patients and reducing stress levels, which directly benefits their mental health. This technique helps maintain a balance between the activity of the sympathetic nervous system—active during stress—and the parasympathetic nervous system, which functions when the body is relaxed. This balance fosters improved self-monitoring capabilities, defined as the awareness and control of one's own physical and emotional states. Effective self-monitoring enables patients to accept their health condition with greater equanimity, thereby enhancing their overall quality of life (Ningsih et al., 2018).

Analysis of the Influence of Spiritual Well-being on the Quality of Life of HIV/AIDS Patients at RA Kartini, Jepara

In this study, an assessment of the quality of life was conducted on 24 respondents with HIV/AIDS at RSUD RA Kartini Jepara. The results showed that 20 respondents (83.3%) experienced a poor quality of life; they frequently complained of feelings of hopelessness, perceived themselves as a burden to their families, felt exhausted by life, feared social stigma and uncertainty about the future, and believed their lives lacked meaning. These conditions hindered their ability to carry out daily activities, resulting in a poor quality of life. Following a "happy spiritual" therapy session lasting approximately 30 minutes comprising nine stages ranging from *muhasabah* (self-reflection) to *tawakal* (reliance on God) and incorporating positive suggestions for motivation and support—the results showed a shift from 20 respondents having poor quality of life to 21 respondents achieving good quality of life.

This outcome is attributed to the patients' cooperativeness and willingness to improve their quality of life during the therapy. Additionally, patients were instructed on how to practice the therapy at home. Improvements in quality of life were facilitated by patients frequently repeating the activities at home, particularly before sleep or during sudden episodes of sadness or despair. These findings align with research by Ramadhani (2021) on mindfulness training to improve the quality of life for people living with HIV/AIDS (PLWHA); that study involved five subjects selected based on their low quality-of-life scores and concluded that the research hypothesis was accepted ($p = 0.043$; $p < 0.05$).

This indicates that mindfulness training can improve the quality of life of people living with ODHA

as evidenced by a significant difference between pre-intervention and post-intervention quality of life scores; the post-intervention scores were higher than the pre-intervention scores. During the "happy spiritual" therapy sessions, some respondents experienced physical and emotional reactions such as dizziness, shortness of breath, weeping, and even vomiting. These reactions emerged as part of the body scan process or the *qobliyah* (intuitive/inner) and physical response whereby respondents began to perceive and feel their bodies' reactions to the therapy. When encountering these reactions, respondents were guided to remain calm and accept them with full awareness, without resistance, while keeping their bodies and minds relaxed (Meidiana, 2022). Respondents with reserved personalities who tended to suppress their problems exhibited reactions such as chest pain and shortness of breath. Meanwhile, respondents with less stable emotions experienced symptoms like dizziness and a sensation of heaviness in the head. Conversely, respondents with a positive attitude were generally better able to focus on constructive matters, thereby gaining insight into positive activities that could serve as distractions from negative thoughts or feelings (Krisdayanti & Hutasoit, 2019).

The challenges faced by people living with ODHA are highly complex, necessitating equally comprehensive interventions. The relaxation response can boost endorphin levels—helping to manage stress—and strengthen the immune system, thereby improving quality of life. Spiritual relaxation can strengthen spiritual conviction and boost the secretion of endorphins. Endorphins act similarly to morphine in people living with HIV/AIDS (PLWHA), inducing a sense of calm and physical well-being. This enables PLWHA to manage their lives and engage in activities just like anyone else, thereby improving their quality of life (Cahyani, 2016). This finding is supported by research conducted by Ashar (2017) regarding the effect of *Murottal* therapy on the quality of life of HIV/AIDS patients at the Jumpandang Baru Community Health Center in Makassar. Listening to *Murottal* (Quranic recitation) therapy helps HIV/AIDS patients achieve a calmer state, which in turn improves scores in the psychological domain. A calm psychological state influences the limbic system and the autonomic nervous system, fostering feelings of relaxation, safety, and comfort; this stimulates the release of chemical substances specifically gamma-aminobutyric acid (GABA), enkephalins, and beta-endorphins that inhibit pain and anxiety-related neurotransmitters, ultimately creating a sense of calm and improving the patient's mood.

CONCLUSION

1. Prior to the "happy spiritual" intervention, the majority of HIV/AIDS patients at RSUD RA Kartini Jepara reported poor quality of life (20 respondents or 83.3%), while only 4 respondents (16.7%) reported good quality of life.
2. Following the "happy spiritual" intervention, the quality of life among HIV/AIDS patients at RSUD RA Kartini Jepara improved, with 21 respondents (87.5%) reporting good quality of life and 3 respondents (12.7%) reporting poor quality of life.
3. The study results indicate an effect of the "happy spiritual" intervention on the quality of life of HIV/AIDS patients at RSUD RA Kartini Jepara, with a p-value of 0.000.

REFERENCES

- Gardha Rias Arsy. (2026). Resilience of Chronic Kidney Failure Patients Undergoing Hemodialysis Using The Callista Roy Theory Approach. *Journal of Integrated Health Research*, 9-16.
- Hasanah, U., Ibrahim, K., & Sriati, A. (2019). Effects of Spiritual Counseling on Spiritual Health-Quality of Life in Patients with HIV/AIDS. *Nurse Media Journal of Nursing*, 9(1), 13–23. <https://doi.org/10.14710/nmjn.v9i1.22983>
- Hepi, B., Melani Br Ginting, S., Rizky, M., Rizqi fadhil harahap, M., & Patricia Ilato, M. (2024). INCLUSIVE SOCIETY COMMUNITY SERVICES (ISCO) Improving Quality of Life and HIV Prevention in Productive Age with Vesta Indonesia Foundation in Umbulharjo. 2(2).
- Istiqomah, B., Andayani, S. A., & Nugroho, S. A. (2023). Pengaruh Terapi Syukur (Gratitude) Terhadap Kualitas Hidup Orang Dengan Hiv/Aids (Odha). *Jurnal Keperawatan*, 14), 1781–1786mentrian Kesehatan. (2024). Profil Kesehatan.
- Koenig, H. . (2019). Koenig, H. G. (2019). Religion, spirituality, and health: The research and clinical

- implications. ISRN Psychiatry, 2012, 278730. <https://doi.org/10.5402/2012/278730>.
- Krisdayanti, E., & Hutasoit, J. I. (2019). Pengaruh Coping Strategies terhadap Kesehatan Mental dan Kualitas Hidup Penderita HIV/AIDS positif. *Jurnal Ilmu Keperawatan Jiwa*, 2(3), 179. <https://doi.org/10.32584/jikj.v2i3.440>
- Meidiana Dwidiyanti, S. K., Munif, N. B., & Kep, M. (2022). Panduan Praktis Happy Spiritual. Fakultas Kedokteran Universitas Diponegoro. In 2022.
- Muh Jasmin, Risnawati, Rahma Sari Siregar, D. (2023). Metodologi Penelitian Kesehatan.
- Munthe, D. S., Saragih, N. P., Nainggolan, E., Siregar, P. S., Ariga, F. A., & Silalahi, K. L. (2022). Hubungan Tingkat Spiritual Dengan Kualitas Hidup Orang Dengan Hiv/Aids (Odha). *Jurnal Keperawatan Priority*, 5(1), 124–131. <https://doi.org/10.34012/jukep.v5i1.2142>.
- Ningsih. E., Mukarromah, L., Yani, L. & Studi Sarjana Ilmu Keperawatan Minat Keperawatan Jiwa, P. (2018). (2018). Ningsih. E., Mukarromah, L., Yani, L. & Studi Sarjana Ilmu Keperawatan Minat Keperawatan Jiwa, P. (2018). Pengaruh Terapi Relaksasi Spiritual Terhadap Tingkat Stres Pasien HIV/AIDS. *Journal of Nursing Care & Biomolecular*. 3(2), 71.
- Putri, A. N. R. (2022). Hubungan Antara Pengetahuan Tentang HIV/AIDS dengan Perilaku Seks Bebas
- RePutri, A. N. R. (2022). Hubungan Antara Pengetahuan Tentang HIV/AIDS dengan Perilaku Seks Bebas Remaja di SMA Negeri 6 Denpasar. 30.