



Existential Gratitude in People Living with HIV (PLWH): Does Social Support Matter?

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Abstract

People Living with HIV (PLWH) often experience medical and psychological problems. Applying existential gratitude is a way to address all psychological problems. Existential gratitude is the concept of gratitude for the destiny that occurs in life, even though it is unpleasant. This study examines social support's effect on existential gratitude in PLWH in DKI Jakarta. Two hundred and ten respondents were obtained using the purposive sampling technique. Data were collected using the Existential Gratitude Scale (EGS) and the Multidimensional Scale of Perceived Social Support (MSPSS). Data were analyzed using simple linear regression techniques with the help of SPSS 24.00. The results showed that social support significantly affects existential gratitude among PLWH in DKI Jakarta province, with a contribution of 6.1 percent ($R^2=0.061$, $p=0.00$). This study also found that social support from other significant (which comes from health workers) has the highest correlation with existential gratitude. This study has implications for increasing social support from family, friends, and health workers to improve the quality of life and well-being of PLWH.

Keywords *Existential Gratitude, Social Support, PLWH*

INTRODUCTION

HIV data in Indonesia amounted to 540,000 cases in 2022 (Kemenkes, 2023). From these data, Jakarta is the fourth largest in Indonesia. People infected with the human immunodeficiency virus (HIV) will experience other medical problems, such as tuberculosis, toxoplasma, and hepatitis. In addition to medical problems, ODHIV may experience psychological problems, such as grieving phase, which is usually accompanied by denial, anger, depression, bargaining, and self-blame (Vitriawan et al., 2007). Psychological impacts can affect the immune system of individuals with HIV. Therefore, medical and psychological conditions are related to each other.

Other studies have reported that women experience more problems when exposed to HIV, such as being abandoned by a partner and experiencing economic problems (Adhiningtyas & Utami, 2020). Likewise, with individuals just diagnosed with HIV. In social relationships, PLWH experiences stigma and discrimination. The stigma that develops is that PLWH is described as behavior that deviates from social norms (Adhiningtyas & Utami, 2020). In terms of spiritual aspects, some infected women tend to have a lower quality of life due to feelings of denial about the diagnosis received and believe that God is unfair to them.

The quality of life is an important dimension in measuring well-being in PLWH (Hardiansyah et al., 2014). HIV is a chronic disease that greatly affects the quality of human life from both medical and psychological aspects (Brenda & Wet, 2010 in Adhiningtyas & Utami, 2020). Quality of life is measured not only by physical aspects but also by knowledge of ODHIV related to HIV changes self-stigma and life orientation by accepting and surrendering to God's destiny (Superkertia et al., 2016). This feeling is a positive thought to remain grateful. The impact of positive thinking is that they can build community relationships and optimism in life despite discrimination. These positive feelings encourage a person to take various positive actions, such as building relationships, having a mind and spirit of optimism, having good spiritual health, building a harmonious family, always

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being grateful for what God has given, and respecting others. These behaviors are the basic foundation for ODHIV to achieve true happiness.

The quality of human life will improve when we are grateful for what happens even though fate is not pleasant (Putri et al., 2016). Gratitude in female PLWH patients is a form of appreciation for what has happened even though they are infected with HIV. They can find positive feelings (Emmons & McCullough, 2012), have hope (McCullough et al., 2004), and can control themselves when facing problems (Bahar & Moordiningsih, 2021). Research has revealed that gratitude can prevent psychological disorders (Rey et al., 2019). Gratitude can change human cognition from negative to positive (Zhang et al., 2022).

Existential Gratitude is a unique concept that renews the concept of gratitude in general. Existential gratitude is the act of accepting the consequences of the problems faced, both positive and negative (Wong, 2007). The application of existential gratitude can be accomplished by remaining grateful despite suffering (Jans-Beken & Wong, 2019).

Jans-Beken and Wong (2019) have differences in dispositional gratitude, which is only performed when positive things happen in life. In addition, existential gratitude can still be performed when experiencing difficulties. Existential gratitude is wiser in addressing problems with a positive perspective and is transpersonal (Wong, 2007).

Previous research has stated that gratitude affects the quality of life and immunity due to changes in behavior to be more positive (Adhiningtyas & Utami, 2020). Effendy et al. (2019) reported that the more dominant survivors experience psychological disorders and low gratitude, the more difficult it is for immunity to rise. Existential gratitude is one of the keys for ODHIV to have a better quality of life than straight people.

Existential gratitude is difficult to achieve when there is stigma and discrimination from the community. Discrimination and negative stigma represent a form of low social support from the community (Maitsa et al., 2021). Social support is a factor associated with the formation of the concept of gratitude in PLWH. This is supported by previous research showing that there is a positive relationship and influence between social support and gratitude in adolescent girls in Japan (Fujitani et al., 2017), and gratitude is a mediator between social support and stress (Rahmania & Nashori, 2021). There was a positive correlation between gratitude and social support provided to parents who have children with a birth impairment (Hermansyah et al., 2017). Based on some of these studies, researchers can more deeply examine the influence of social support on existential gratitude in PLWH. The novelty of this research lies in the concept of existential gratitude in ODHIV, whose research is still very limited.

LITERATURE REVIEW

Existential Gratitude

Existential gratitude is a new theory proposed by Wong, a development of the theory of gratitude that emphasizes that individuals always have tragic optimism in life (Jans-Beken & Wong, 2019). Wong argues that existential gratitude is the development of dispositional gratitude (Positive Psychology) but the sense of gratitude is existential (Existential Psychology), namely, gratitude for self-understanding when experiencing adversity, by involving the dimensions of acceptance, affirmation, self-transcendence, faith in God and in others, and courage (Jans-Beken & Wong, 2019). Factors that influence existing gratification include emotions, well-being, prosociality, and religiosity.

Social Support

Social support is consciously provided to individuals in the form of support from parents, friends, or other significant people (Zimet et al., 1988). The support provided is conscious and does

not pretend to the person in need. This means that the support is sincere from the heart as a form of empathy for the factors in social support that Zimet identified as providing facilities, information, emotional nature, forms of appreciation, and friends.

RESEARCH METHOD

A quantitative correlational design was used. The population is PLWH in DKI Jakarta Province with as many as 210 samples. The sampling technique is purposive, and it follows the following criteria:

- a. Diagnosed with HIV
- b. ARV Therapy
- c. HIV patients in the DKI Jakarta Province

Questionnaires were collected from several public health centers in Jakarta province.

Measurement Tool

Existential Gratitude

The existential gratitude measurement tool is the Existential Gratitude Scale (EGS) created by [Jans-Beken and Wong \(2019\)](#). The study consists of 13 statement items, with the classification of 3 items to filter biased answer responses (3, 5, and 7) and only the original 10 items used in statistical calculations related to existential gratitude. Cronbach's alpha value on the existential gratitude variable = 0.930 (>0.60). The measuring instrument must undergo adaptation in Indonesian and the Judgment process to experts before being used in research.

Social Support

The social support measuring instrument used was the Multidimensional Scale of Perceived Social Support (MSPSS) developed by [Zimet et al. \(1988\)](#). Consists of 3 dimensions of family, friend, and other significant, consisting of 12 statement items. The Indonesian version of the MPPSS scale was adapted by [Betty and Rahayu \(2023\)](#). Cronbach's alpha social support value = 0.931 (>0.60).

FINDINGS AND DISCUSSION

The results of the linearity test and the heteroscedasticity test for the existential gratitude and social support variables deviate from linearity results ($p = 0.501$ ($p > 0.05$), which means that the two variables have a linear relationship and the linearity assumption is met. CFA results meet all criteria with $KMO > 0.5$ of 0.719. Barlet Test value p -value = 0.000 (p -value < 0.05), which means that all items have a significant correlation relationship and have fulfilled the assumption of correlation between items. The anti-image correlation value or $MSA > 0.5$ so that each item used met the expected correlation.

Discussion

Table 1. Descriptive analysis of respondents

Gender	Frequency (n=210)	Percentage (%)
Male	148	70,5
Female	53	25,2
Miscellaneous	9	4,3
Marriage status		
Merry	52	24,8
Unmarried	122	58,1
Divorce Life	27	12,9
Divorce by Death	9	4,3

Gender	Frequency (n=210)	Percentage (%)
Age characteristics (Years)		
20-25	15	7,1
26-30	62	29,5
31-35	56	26,7
36-40	38	18,1
41-45	21	10
46-50	14	6,7
>50	4	1,9
Min-Max	20-65	
Mean	34,35	

Data analysis describes that PLWH in DKI Jakarta Province is dominated by men, aged 26-40 years (78.4%). This data is from the Quarterly Report data for the January-June 2022 period of the Ministry of Health, which states that the increase in the number of PLWH in Indonesia is mostly dominated by men (70%), aged 25 to 45 years or productive period (Kemenkes, 2021).

The marital status was unmarried. One of the factors was concerns from PLWH that their diagnostic status was known during the pre-marital HIV test conducted in DKI Jakarta province (Harahap et al., 2021). The purpose of pre-marital HIV testing as a form of control and to determine HIV status because of the low awareness of individuals to conduct VCT tests to map PLWH who have taken ARV therapy or not (Universitas Indonesia, 2021).

Table 2. Characteristics of Social Support and Existential Gratitude by Category

Social Support	Existential Gratitude			Total	p-value
	Low	Medium	Hight		
Low	5 (22,7%)	17 (77,3%)	0 (0%)	22 (8,7%)	0,000*
Medium	1 (0,6%)	75 (46,6%)	85 (52,8%)	161 (63,6%)	
Hight	0 (0%)	11 (15,7%)	59 (84,3%)	70 (27,7%)	
Total	6 (2,4%)	103 (40,7%)	144 (56,9%)	253 (100%)	

Table 3. Pearson Correlation Test Between Dimensions

Existential Gratitude	r (p-value)		
	Social Support		
	Other Significant	Family	Friends
Acceptance	0,106	0,016	-0,006
Affirmation	0,209*	0,123	-0,062
Self-Transcendence	0,259*	0,181*	0,120
Faith	0,292*	0,144	0,168*
Courage	0,084	0,043	-0,101

<i>Existential Gratitude</i>	<i>r (p-value)</i>		
	<i>Social Support</i>	Family	Friends
	Other Significant		

*p < 0,05

Table 4. T-test regression analysis

Model	B	Std. Error	95% CI	t	Sig.
(Constant)	28,564	1,459	25,688 - 31,440	19,582	0,000
<i>Social Support</i>	0,148	0,040	0,069 - 0,228	3,689	0,000*

Table 5. Coefficient of Determination

Model Summary ^b						
Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate	Durbin-Watson
1	0,248 ^a	0,061	0,057		3,254	1,685

Data on social support owned by PLWH are at a moderate level (63.6%,) with a high level of existential gratitude (56.9%). There is a significant relationship between social support and existential gratitude (p-value = 0.000 (p-value <0.05) and correlation (r = 0.248, which can be interpreted as a significant relationship between existential gratitude and social support. The correlation between dimensions indicates that other significant support has the highest correlation than the dimensions of family and friends. Other significant support was correlated with the dimensions of affirmation (0.209*), self-transcendence (0.259*), and faith (0.292*) with a p-value <0.05.

Social Support from significant others is needed for PLWH to face the events that have occurred so that they have the spirit of life and change their self-stigma (Wong, 2007). The role of other significant support comes from health workers as the first party encountered after the VCT test, including doctors, nurses, clinical psychologists, and counselors. In addition to pharmacotherapeutic measures, counseling interventions foster self-transcendence and change self-stigma in PLWH (Sari et al., 2022). Peer support groups that function as peer supporters are significant other forms of support. Peer Support plays a role in providing role models and fostering a sense of togetherness among PLWH so that they feel not alone (Aswar et al., 2020).

The second type of support received by PLWH was family support, which was positively correlated with the dimension of gratitude, namely, self-transcendence (r=0.181*), with a p-value <0.05. This support occurred because not all PLWHs immediately opened up to their families after learning about their HIV diagnosis. The main factor for PLWHs' reluctance to open up to their families is the lack of HIV knowledge within the family environment (Rahakbauw, 2016). An example of a negative consequence of PLWH is divorce (Tandi et al., 2018). Families with HIV greatly influence PLWH in terms of ARV therapy (Nabunya et al., 2020).

The lowest social support dimension came from friends who had a relationship with the faith dimension (r=0.168), with a p-value <0.05. Previous research has revealed a significant relationship between friends and religiosity levels (Maurizka & Maryatmi, 2019). There is an influence of social support on existential gratitude in PLWH in DKI Jakarta, with a p-value <0.05 so that H0 is rejected and Ha is accepted. Therefore, it can be concluded that the higher the social support provided, the higher the existential gratitude of PLWH in DKI Jakarta Province. Meanwhile, based on the coefficient of determination of the existential gratitude regression equation model, this study

shows that social support can explain the diversity or variation in existential gratitude of PLWH in Jakarta Province by 6.1%. The conclusion is that there are other variables as large as 93.9% that affect existential gratitude in PLWH in DKI Jakarta, such as emotional well-being, prosociality, and religiosity.

Utomo (2023) suggested a relationship between emotional well-being and gratitude. This relationship occurs because well-being is not only related to the well-being of life and heart satisfaction and positive thoughts. The second factor is prosocial, that is, appreciation in the form of empathy for PLWH (Wong, 2007). Prosocial behavior by family, friends, and other significant others contributes to the development of existential gratitude in PLWH because gratitude is part of human empathy (Lazarus & Lazarus, 1994 in McCullough et al., 2004).

The third factor is religiosity. There is a significant influence between religious level and the concept of gratitude (Aprilia, 2018). In addition, based on research by Hanuna and Sulaiman (2023), religiosity has a large influence, namely, 40% on the variable of gratitude.

CONCLUSIONS

The influence of social support on existential gratitude in PLWH in DKI Jakarta Province. The higher the social support provided, the higher the existential gratitude of PLWH in DKI Jakarta province. The highest level of social support comes from other significant sources, such as health workers and peer support.

LIMITATION & FURTHER RESEARCH

The weakness of this study is that the research sample was purposive; thus, not all PLWH participated in the study, and specific modifications to the questionnaire are needed for the other significant support dimensions to be clearer. It is hoped that further research can examine existential gratitude in relation to other variables, such as well-being, prosociality, and religiosity. HIV is not only medically related but also a cause of psychological problems. periodic counseling services need to be provided to minimize psychological problems.

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