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Unmet Basic Needs among People Living with HIV AIDS Based on Virginia Henderson's Theory: A Traditional Literature Review

Dicky Endrian Kurniawan[1*], Ahmad Rifai[2], Anisah Ardiana[3], Retno Purwandari[4], Alfid Tri Afandi[5], Erik Kusuma[6]
[1-5]Center of Fundamental Nursing Studies (CFUNS), Faculty of Nursing, Universitas Jember, Indonesia
[6]Diploma of Nursing Program, Faculty of Nursing, Universitas Jember, Indonesia
**Email: dickyendrian@unej.ac.id (*Correspondent)*

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Abstrak

Meskipun pengobatan antiretroviral (ARV) telah meningkatkan harapan hidup dan kualitas hidup orang dengan HIV/AIDS (ODHA), berbagai tantangan dalam memenuhi kebutuhan dasar manusia masih dihadapi oleh mereka. Teori keperawatan Virginia Henderson dapat digunakan sebagai kerangka kerja untuk memahami kebutuhan dasar ODHA secara komprehensif. Penelitian ini bertujuan untuk mengidentifikasi kebutuhan dasar ODHA secara holistik, dengan mempertimbangkan dimensi fisiologis, psikologis, sosial, dan spiritual. Tinjauan literatur tradisional digunakan dalam penelitian ini. Metode pencarian yang digunakan dalam penelitian ini adalah database elektronik seperti Google Scholar, ProQuest, dan PubMed. Pencarian artikel menggunakan kata kunci sesuai dengan pertanyaan penelitian. Analisis data deskriptif dalam penelitian ini digambarkan dalam tabel. ODHA menghadapi tantangan yang signifikan dalam memenuhi kebutuhan dasar, seperti yang diuraikan dalam Teori Kebutuhan Virginia Henderson, yang mencakup komponen fisiologis, psikologis, sosial, dan moral-spiritual. Kekurangan nutrisi, ketidakamanan air dan sanitasi, kualitas tidur yang buruk, stigma, ketidakstabilan ekonomi, dan dukungan sosial yang terbatas, semuanya berkontribusi pada penurunan kualitas hidup. Intervensi keperawatan utama mencakup asesmen pasien secara komprehensif, manajemen nutrisi, dukungan psikososial, pendidikan kesehatan, serta advokasi pada tingkat individu maupun kebijakan untuk meningkatkan kesejahteraan secara menyeluruh. Pendekatan multidisipliner—yang mengintegrasikan aspek medis, psikologis, sosial, dan spiritual—sangat penting dalam memberdayakan ODHA menuju kemandirian, peningkatan kualitas hidup, dan ketangguhan dalam menghadapi tantangan HIV/AIDS.

Kata kunci : HIV AIDS; kebutuhan dasar manusia; keperawatan; teori kebutuhan; Virginia Henderson

Abstract

Although advances in antiretroviral (ARV) treatment have improved life expectancy and quality of life for people living with HIV/AIDS (PLWHA), they still face various challenges in fulfilling their basic human needs. Virginia Henderson's nursing theory can be used as a framework to comprehensively understand the basic needs of PLWHA. This study aimed to holistically identify and analyze the basic needs of PLWHA, considering physiological, psychological, social, and spiritual dimensions. A traditional literature review was used in this study. The search method used in this research is electronic databases such as Google Scholar, ProQuest, and PubMed. The article search used keywords according to the research questions. This study's descriptive data analysis described the mapping tables' findings. People living with HIV/AIDS (PLWHA) face significant challenges in meeting their fundamental needs, as outlined in Virginia Henderson's Need Theory, which encompasses physiological, psychological, social, and spiritual components. Nutritional deficiencies, water and sanitation insecurity, poor sleep quality, stigma, economic instability, and limited social support all contribute to poor health outcomes and reduced quality of life. Key nursing interventions encompass comprehensive patient assessment, nutritional management, psychosocial support, health education, and advocacy at both individual and policy levels to enhance overall well-being. A multidisciplinary approach—integrating medical,

psychological, social, and spiritual care—is essential for empowering PLWHA toward independence, enhanced quality of life, and resilience in the face of HIV/AIDS.

Keywords: HIV AIDS; Human basic need; Needs theory; Nursing Virginia Henderson.

1. Introduction

HIV/AIDS is one of the global health challenges that continues to grow today. Since it was first discovered in the early 1980s, HIV/AIDS has spread throughout the world and affected millions of individuals from different walks of life (Parker, 2023). According to UNAIDS data for 2024, approximately 39.9 million people in the world are living with HIV, with the number of new infections reaching 1.3 million per year (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2024). In Indonesia, the number of HIV/AIDS cases is also high, estimated at 503.261 in 2024, with significant prevalence in some regions (Ministry of Health of Indonesia, 2024). Although advances in antiretroviral (ARV) treatment have improved life expectancy and quality of life for people living with HIV/AIDS (PLWHA) (Ghiasvand et al., 2019), they still face various challenges in fulfilling their basic human needs (Amirah et al., 2024; Rimbing & Triwahyuni, 2019). One of the main issues overlooked is the holistic fulfillment of PLWHA's basic needs. Holistic healthcare models have gained increasing recognition for addressing complex patient needs, there remains a critical gap in their adaptation to the unique biopsychosocial and spiritual challenges faced by PLWHA.

Basic needs include not only physiological aspects but also psychological, social, and spiritual needs (Shafiq & Uzma, 2024). These needs are important for PLWHA due to their vulnerable medical condition and the social stigma that often accompanies HIV-positive status (Kimera et al., 2020; Sukarja et al., 2017). Stigma and discrimination against PLWHA can hinder their access to healthcare, education, employment, and even social support from family and community (Fauk et al., 2021). This has a negative impact on their quality of life and can worsen their overall health condition (Turan et al., 2017). Therefore, a holistic approach to fulfilling the basic needs of PLWHA is key to improving their well-being.

Virginia Henderson's nursing theory can be used as a framework to comprehensively understand the basic needs of PLWHA. Henderson identifies 14 components of basic human needs (Alligood, 2014), which include physiological (e.g., normal breathing, adequate eating and drinking, elimination, sleep, and physical activity), psychological (communication, emotional expression, and spirituality), and social (interaction with others and participation in the community) aspects (Shafiq & Uzma, 2024). In PLWHA, this theory can help nurses design interventions that not only focus on the medical aspects of treatment but also support the independence of PLWHA in meeting basic needs.

Despite this, there is a limited holistic understanding of the basic needs of PLWHA. By applying the principles of Virginia Henderson's theory, this study seeks to ensure that PLWHA receive optimal medical care and are supported to achieve independence and overall well-being. It was implied for nursing practice

by offering a holistic, theory-driven foundation for delivering comprehensive care. Therefore, this study aims to holistically identify and analyze the basic needs of PLWHA, considering physiological, psychological, social, and spiritual dimensions. The results of this study are expected to provide practical recommendations for nurses in developing evidence-based care to meet the basic needs of PLWHA.

Henderson's Needs Theory

Virginia Henderson's concept of basic human needs has become a cornerstone in nursing theory and practice, offering a comprehensive framework for understanding patient care. Her theory, often referred to as "Needs Theory", emphasizes that the nurse's primary role is to assist individuals in achieving independence in meeting their basic needs. Henderson identified 14 basic needs (Alligood, 2014), which include physiological, psychological, moral-spiritual, and social components (Shafiq & Uzma, 2024). These needs are essential for survival and holistic human health and well-being. Henderson's work is often championed for its simplicity and practicality, providing a clear roadmap for nurses to prioritize patient care interventions. Henderson describes the nurse's role as substitutive, supplementary, and complementary to help the patient become as independent as possible (Ahtisham & Jacoline, 2015).

2. Method

A traditional literature review was used in this study. A traditional literature review summarizes various publications or research on a particular topic, and the author examines the research results that focus on a topic, issue, or concept to provide an overview of the issue (Munn et al., 2018). The question in this study is, "What are the unmet basic needs among people living with HIV AIDS (PLWHA) based on Virginia Henderson's theory?"

The search method used in this research is electronic databases such as Google Scholar, ProQuest, PubMed, and Scopus. The article search used keywords according to the research questions, following each component of the PLWHA needs. The keywords used in the literature search were based on each basic need of Henderson's Theory. The articles used in this study were published within the last 5 years, from 2020 to 2024, in both abstract and full text. All articles in English were selected. All articles with full identifiers were retrieved for the traditional literature review. This study's descriptive data analysis described the mapping tables' findings (Table 1), directly included in each need's components.

3. Result

People living with HIV/AIDS (PLWHA) often experience significant challenges in meeting their basic needs, as outlined in Virginia Henderson's Need Theory, which emphasizes fundamental human requirements.

Table 1. Unmet Basic Needs among HIV AIDS Patients Based on Henderson's Theory

Component	Basic Need(s)	Problem Related to Basic Need(s)
Physiological components	Maintain normal breathing patterns	Impaired gas exchange; risk of lung infection, such as pulmonary tuberculosis, *Pneumocystis* Pneumonia, COVID-19, Bordetella bronchiseptica pneumonia; high-risk of exposure to air pollutant (Byanova et al., 2023; Gujju et al., 2021; Hirai et al., 2023; Padhi et al., 2024; Udoakang et al., 2023; Ueckermann et al., 2022)
	Ensure adequate intake of food and fluids	Food and water insecurity; lack of diversified food; overweight/obesity; undernutrition; dyslipidemia; reductions in total cholesterol (TC), triglycerides (TG), fasting plasma glucose (FPG), systolic and diastolic blood pressures (SBP and DBP, respectively), waist circumference (WC), body mass index (BMI), increases in high-density lipoproteins (HDL); iron deficiency, (Aparecida Silveira et al., 2020; Khatri et al., 2020; Nagata et al., 2022; Ogunbajo et al., 2023; Seid et al., 2023)
	Eliminate body waste appropriately.	Diarrhea, intestinal infection, urinary tract infection (Abdullahi et al., 2022; Getachew et al., 2021)
	Engage in movement and maintain proper body postures.	Decreased activity, lower confidence leaving home, and less energy; frailty; lack of motivation to exercise; work/activity difficulty due to physical health (Byanova et al., 2023; Nelson et al., 2022; Sahel-Gozin et al., 2023; Wanigatunga et al., 2023)
	Obtain sufficient sleep and rest.	Sleep disturbance, disruption of quality and quantity of sleep (Abdollapour et al., 2024; Melese et al., 2024; Rogers et al., 2020)
	Suitable clothing	Activity difficulty due to physical health (Wanigatunga et al., 2023)
	Regulate body temperature.	Hypothermia and hyperthermia due to uncontrolled disease (Farouji et al., 2021; Roshani Patel et al., 2022)
	Maintain cleanliness and hygiene, protecting the skin.	Oral candidiasis due to oral hygiene; skin disease; skin infection (Ambe et al., 2020; Chimbetete et al., 2023; Pinto-Almazán et al., 2023; Venanzi Rullo et al., 2021)
	Avoid hazards in the environment and prevent harm to oneself and others.	History of homelessness, and history of incarceration; high antimicrobial resistance; hepatitis B, hepatitis C virus, and syphilis infection; noise-induced hearing loss; self-injury and suicide; violence (Chavez et al., 2023; Huang et al., 2024; Khoza-Shangase, 2020; Lubega et al., 2023; Nguyen et al., 2023; Ogunbajo et al., 2023; Yang et al., 2024)
Psychological Aspects	Effectively communicate emotions, needs, fears, or opinions to others.	Status disclosure; need of mindfulness; anxiety disorder; depressive disorder and neurocognitive disorder; stigma and discriminication; unmet family planning; frustration from stigma; being devalued, experiencing fear, experiencing injustices, feeling lonely, lacking future perspectives

Component	Basic Need(s)	Problem Related to Basic Need(s)
		(Abdollapour et al., 2024; Desta et al., 2024; Goodkin et al., 2023; Ji et al., 2024; Kimera et al., 2020; Lungu & Chewe, 2024; Peng et al., 2022; Sahel-Gozin et al., 2023; Senyurek et al., 2021)
	Engage in learning, curiosity-driven activities.	Vulnerable in schools; miss school days; financial problems and lack motivation in education; experiencing injustices (Kimera et al., 2020; Martin et al., 2022; P. Zinyemba et al., 2020)
Spiritual and Moral Components	Participate in worship or spiritual practices according to personal faith.	Decision of medications because of miracle; level of spiritual practice (Andrianto et al., 2021; Leal et al., 2022)
Social Needs	Engage in work that provides a sense of accomplishment.	Failure to protect confidentiality; relationship change; stigma and discrimination (Senyurek et al., 2021; Twinomugisha et al., 2020)
	Engage in a variety of recreational activities and leisure activities.	Health issues (fatigue and pain) (Song et al., 2024)

4. Discussion

People living with HIV/AIDS (PLWHA) often experience significant challenges in meeting their basic needs, as outlined in Virginia Henderson's Need Theory, which emphasizes fundamental human requirements. Henderson identified 14 basic needs, which include physiological, psychological, moral-spiritual, and social components (Shafiq & Uzma, 2024). Research highlights that these needs are frequently unmet among PLWHA, negatively impacting their overall health, quality of life, and treatment adherence.

Physiological components

PLWHAs often face significant challenges in meeting their basic physiological needs. One of the most pressing concerns is nutritional deficiencies and food insecurity. Many individuals with HIV/AIDS struggle to access adequate nutrition, which is essential for maintaining immune function and responding effectively to antiretroviral therapy (ART). Research by Aparecida Silveira et al. (2020) highlights the importance of proper nutrition in managing metabolic complications associated with ART, such as dyslipidemia and glucose imbalances. Similarly, studies by Seid et al. (2023) and Khatri et al. (2020) emphasize the high prevalence of malnutrition among HIV-positive individuals, particularly in low-resource settings, where food insecurity exacerbates undernutrition and weakens the body's ability to fight infections.

In addition to nutritional concerns, water and sanitation insecurity remain significant issues for PLWHA. A study by Nagata et al. (2022) found that water insecurity is closely linked to poor viral suppression and increased susceptibility to opportunistic infections. Lack of access to clean water and proper sanitation increases the risk of gastrointestinal infections, dehydration, and complications related to ART, making it difficult for individuals to maintain their health. Similarly, respiratory health risks are a major concern among HIV-positive individuals. Research by Lubega et al.

(2023) highlights the prevalence of antibiotic-resistant respiratory infections in HIV patients, particularly in regions with poor air quality and limited healthcare access. Furthermore, Ueckermann et al. (2022) examined the lung microbiome of HIV patients with tuberculosis and found that environmental and physiological factors significantly compromise respiratory health, leading to higher morbidity rates.

Another critical issue affecting PLWHA is poor sleep quality and inadequate rest, which can worsen both physical and mental health outcomes. Melese et al. (2024) found that sleep disturbances are common among HIV/AIDS patients, leading to increased stress, fatigue, and reduced overall quality of life. Rogers et al. (2020) further established a connection between poor sleep and depression, showing that individuals who experience chronic sleep deprivation are more likely to suffer from psychological distress and decreased treatment adherence. These findings suggest that addressing sleep quality should be an integral part of HIV/AIDS care.

Beyond these direct physiological needs, unmet social and economic needs also worsen health outcomes. Ogunbajo et al. (2023) found that financial insecurity and lack of stable housing led to poor ART adherence and increased risk of disease progression. Additionally, Nelson et al. (2022) identified a link between musculoskeletal frailty and inadequate physical activity, emphasizing the need for comprehensive nutrition and exercise interventions. Together, these findings underscore the importance of a holistic approach to HIV/AIDS care that prioritizes not only medical treatment but also essential physiological and environmental factors. Addressing these unmet basic needs is crucial for improving the overall health and well-being of individuals living with HIV/AIDS.

Psychological Aspects

PLWHA often experiences significant psychological distress due to stigma, discrimination, and socio-economic challenges. Ji et al. (2024) found that anxiety disorders are highly prevalent among PLWHA, highlighting the impact of uncertainty about health status, fear of social rejection, and economic instability. Similarly, Goodkin et al. (2023) emphasized the strong link between HIV, depression, and neurocognitive disorders, suggesting that the chronic nature of the disease, combined with social and financial burdens, contributes to mental health deterioration. Desta et al. (2024) further reinforced this by demonstrating a direct correlation between HIV-related stigma and depression, where individuals who experience discrimination are more likely to develop psychological distress, affecting their overall well-being.

Stigma remains a major barrier to PLWHA's psychological well-being. Kimera et al. (2020) explored the lived experiences of youth in Uganda, revealing that HIV-related stigma leads to social isolation, emotional distress, and diminished self-esteem. This stigma is not limited to peer interactions but extends to educational settings, as seen in Martin et al. (2022), who reviewed interventions aimed at reducing HIV-related stigma among teachers. Their findings suggest that while stigma reduction programs improve the psychological health of PLWHA, societal attitudes continue to be a significant challenge.

Social Needs

Beyond stigma, unmet social and economic needs exacerbate psychological distress among PLWHA. Lungu and Chewe (2024) highlighted that women living with HIV in Zambia face high levels of anxiety due to the lack of access to family planning services, raising concerns about vertical transmission and future security. Additionally, Sahel-Gozin et al. (2023) found that many women livings with HIV struggle to engage in physical activities due to low self-confidence and societal stigma, leading to increased emotional distress and a diminished sense of well-being. Furthermore, Peng et al. (2022) emphasized the psychological burden of HIV disclosure, noting that many individuals fear rejection or violence from their sexual partners, which leads to increased anxiety and stress. Lastly, the economic impact of HIV/AIDS affects educational attainment, as P. Zinyemba et al. (2020) discussed how children affected by HIV/AIDS often struggle to access education, leading to long-term psychological and socio-economic disadvantages.

These studies collectively highlight that the psychological well-being of PLWHA is deeply influenced by stigma, economic insecurity, social exclusion, and unmet healthcare needs. Addressing these challenges requires a holistic approach that integrates psychological support into HIV care, reduces stigma, and provides social and economic empowerment programs to enhance the overall quality of life for PLWHA.

Spiritual and Moral Components

In spiritual and moral components, religious and spiritual practices play a significant role in the lives of people living with HIV/AIDS, influencing their coping mechanisms, mental well-being, and treatment adherence. Andrianto et al. (2021) explore how religious involvement provides emotional support, reduces psychological distress, and helps patients find meaning in their illness. Many individuals turn to prayer, meditation, and religious gatherings as sources of strength, fostering resilience in the face of stigma and uncertainty. However, the study also highlights potential challenges, particularly when religious beliefs conflict with medical treatment. Some patients may prioritize faith-based healing over ART, leading to delayed treatment adherence and worsened health outcomes.

Similarly, Leal et al. (2022) discuss the dual impact of spirituality on healthcare decisions. On one hand, religious faith can offer comfort, hope, and emotional relief, positively influencing overall well-being. On the other hand, the belief in divine intervention or miraculous healing may result in unrealistic expectations, causing some individuals to reject or delay essential medical treatments. This study emphasizes the importance of integrating spiritual support within healthcare settings, ensuring that religious beliefs complement, rather than contradict, medical care. By acknowledging spirituality's positive and negative aspects, healthcare providers can develop holistic care strategies that respect patients' faith while promoting adherence to evidence-based treatments.

For the last component of needs, PLWHA continues to face significant social challenges that impact their well-being, including stigma, discrimination, and limited social support. According to Senyurek et al. (2021), stigma remains a major barrier to self-acceptance and social integration, leading to isolation and emotional distress. Many PLWHA

experience discrimination not only from society but also from healthcare professionals, which further limits their access to quality care. The study highlights the crucial role of social support in enhancing the mental and emotional well-being of PLWHA, yet this support is often insufficient or absent.

Similarly, Song et al. (2024) identify stigma and lack of social encouragement as major barriers to physical activity among PLWHA. The study reveals that while physical activity can improve the overall health and mental state of PLWHA, many face obstacles such as fatigue, misinformation about exercise, and restricted access to supportive communities. Social networks play a crucial role in motivating PLWHA to engage in health-promoting behaviors, but the absence of such support systems hinders their ability to adopt healthier lifestyles.

Furthermore, Twinomugisha et al. (2020) emphasize the impact of HIV-related stigma in the workplace, where discrimination prevents PLWHA from securing or maintaining stable employment. This economic instability exacerbates their vulnerability, limiting their ability to meet basic needs such as food, shelter, and healthcare. The study suggests that workplace policies promoting inclusivity and anti-discrimination laws are essential to improving the social and economic well-being of PLWHA.

Overall, the studies underscore the persistent social barriers PLWHA face, particularly regarding stigma, social isolation, and economic challenges. The lack of adequate social support in personal relationships and institutional settings contributes to unmet social needs, making it crucial to develop interventions that address these gaps.

Limitation

Although this study provides a holistic understanding of the basic needs of PLWHA through the lens of Virginia Henderson's Need Theory, several limitations should be acknowledged. First, the study is based on secondary literature and lacks primary empirical data directly obtained from PLWHA within specific local contexts. Second, limited access to in-depth data on social, spiritual, and economic dimensions may constrain the comprehensiveness of the analysis. Third, cultural diversity, religious backgrounds, and variations in healthcare systems across regions are not fully accounted for, which may affect the generalizability of the findings. Therefore, future research involving field-based, participatory approaches is recommended to validate and enrich these insights.

5. Conclusion

People living with HIV/AIDS (PLWHA) face significant challenges in meeting their fundamental needs, as outlined in Virginia Henderson's Need Theory, which encompasses physiological, psychological, social, and spiritual components. Nutritional deficiencies, water and sanitation insecurity, poor sleep quality, stigma, economic instability, and limited social support all contribute to poor health outcomes and reduced quality of life. These findings highlight the need to develop evidence-based, culturally sensitive care models that address the full spectrum of patient needs. Nurses should conduct comprehensive assessments, nutritional support, psychosocial interventions, health education to enhance well-being, and

advocacy and policy support. Addressing these needs requires a multidisciplinary approach integrating medical care, mental health support, social services, and spiritual care. By focusing on these components, nurses can empower PLWHA to achieve independence, improve their quality of life, and ultimately thrive despite the challenges posed by HIV/AIDS. Future research should focus on empirical evaluations of integrated care frameworks and explore context-specific interventions that strengthen resilience and quality of life for PLWHA.

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Conflict of Interest

There is no conflict of interest in this study.

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