



IKHLAS: A SPIRITUAL RESOURCE FOR INDONESIAN MUSLIM WIVES IN ACCEPTING THEIR HUSBAND'S HIV-POSITIVE STATUS

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ABSTRACT

Staying in HIV-serodiscordant relationships may cause some psychological distress for the HIV-negative spouses. Indonesian Muslim wives who decide to continue their marital relationships after knowing their husband's HIV-positive status leaned toward both religious and cultural philosophies as resources in maintaining their marriage life. This research aimed to understand the spiritual perspective among Muslim wives in accepting their husband's HIV-positive status. This study used a qualitative study with 15 wives who had a husband with HIV-positive. The interview was run 2-4 times for each participant, and around spent 50-90 minutes for each interview. Data were analyzed simultaneously using a content analysis method. Three themes were articulated, including: 1) the meaning of being a Muslim wife to a husband with an HIV-positive, 2) Life experiences after knowing a husband's HIV-positive status, and 3) Philosophy of life in accepting a husband's HIV-positive status. Muslim wives' experiences often depend on gender power relations, cultural and religious values, and family roles. The result of the study could be used in developing specific strategies with a gender approach to reduce the transmission of HIV/AIDS among Muslim wives.

Keywords: HIV-positive; husband; Ikhlas; muslim wives; spirituality



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INTRODUCTION

Islam in Indonesia, especially in the Javanese community, is known for *transcultural religion*. Most Javanese people are Muslim; while they do Islamic teaching as proof of modesty, they also absorb the Islamic values translated according to the traditional Javanese values, forming a new religious value unique to local culture (Rubaidi, 2019). Therefore, in Javanese culture, a woman is placed in two forms, a wife and a mother (Ekawardhani & Santosa, 2017). The Islamic-Javanese proverb '*wadon iku suwargo nunut, neroko katut*' (a wife will follow wherever her husband goes, either to hell or heaven) shows women's place in the marital relationship and family. In the traditional Javanese society, married women perceived that they had responsibilities from the beginning of their married life. An unwritten standard of being a good wife means they have to take care of their family and do all domestic work by themselves. They do their responsibilities without asking for something in return (Huda, 2016).

Bound to those spiritual and cultural values, Muslim wives were put in a difficult situation when they received news about their husband's HIV-positive status. Mostly, Indonesian Muslim wives know their husband's HIV-positive status after being married to him for several years. Receiving the news while the husband was hospitalized made them have mixed feelings. On the one hand, there was an invisible knot for caring for their ill husband. On the other hand, there was a fear of the husband's HIV-positive status impacting their life since HIV/AIDS is one of the stigmatized diseases in Indonesia (Agnes & Songwathana, 2021). Most of them decided to continue their marriage, even though there was a risk of HIV transmission (Agnes et al., 2020).

While marriage in Islam is explained in the Quran as a set of equitable, proportionate rights and obligations for each party, most studies in some Muslim countries showed that religious dogma puts married women in a vulnerable situation, even making them powerless (Bani & Pate, 2015; Omar, 2014). Some studies showed the impact of the different HIV status

on marital relationships. For those who staying at their relationships, serodiscordancy is reported to have caused psychological distress on varying levels, including excessive alcohol and substance use, social isolation, heightened level of anxiety, and infidelity (Cherayi, 2013; Mwakalapuka et al., 2017).

Limited studies have explored how religious and cultural values influence accepting their husband's illness. To prevent HIV household transmission among Muslim wives in Indonesia, Nurses, as a part of health providers, should understand the Muslim wives' values in their marriage. Therefore, the aim of this paper is to explore Muslim wives' spiritual perspectives in accepting their husband's HIV-positive status. Their acceptance will relieve the psychological distress in their relationships.

METHOD

Study Design

This study was used a qualitative method with a grounded theory approach.

Participants

The 15 participants were recruited from four towns: Blitar District, Kediri Municipality, Kediri District, and Nganjuk District in East Java Province, Indonesia. The study sites were selected because of the geographic locations, which are located near to each other and have similar characteristics in terms of ethnicity, types of women's social activities present, and socio economic condition, and practical need for face to face interview and because the NGOs were well respected organizations in the community. The field research was conducted in four towns. The participants in this study were purposively recruited until the data was saturated. To be eligible for this study, an individual would have to meet the following inclusion criteria: 1) being a wife with an HIV-positive husband (based on the NGO/VCT clinic reports), 2) having been married for at least one year, 3) and reported HIV-negative after taking an HIV test at least twice.

Data Collection

Through in-depth interviews and observations, data were collected over 15 months between April 2016 and July 2017. Each participant was interviewed 2-4 times, and around 50 - 90 minutes were spent for each interview. The place for interviews was decided based on the agreement between the participants and the researcher, including participants' homes, researcher's office and cafes.

Instrument

The interview guide was developed through the literature review, and consulted to some experts. The sample questions included "how was your life after your husband's diagnosis? And "what was your reaction when you knew your husband's HIV status?". The interview was recorded using a tape recorder and transcribed verbatim before being

translated into English. The member checking technique was applied to enhance trustworthiness.

Data Analysis

Data were analyzed qualitatively. The content analysis method was used to analyze the data. The codes from the transcripts were written down in separate electronic worksheets to develop preliminary categories. The researcher reviewed the codes from the initial coding and grouped the similar codes into preliminary subcategories. The saturation was reached when the researcher extended to sample and code data until no new categories could be identified and up to when new cases of variation for the existing categories have stopped arising (Kyngäs et al., 2020).

Trustworthiness

Patton (2014) identifies five essential elements; credibility, authenticity, dependability, conformability, and transferability. To increase conformability, the researcher can use processes such as data audits (Patton, 2014). In this study, the various forms of data were collected from personal interviews and observations. The participants' quotes were used to confirm the categories used in theory. Therefore, the categories emerged from the participants' experiences and were not based only on the researcher's interpretation. In order to ensure dependability, detailed memos were provided prior to the beginning, during the planning and discussion stages, and after each session.

Furthermore, the researcher presented the study with a thick description related to the audit trail, including how the data were gathered and analyzed. The intent of transferability is to transfer findings from one context to another. By offering rich narratives and thick descriptions of context and participants and clearly stating the purpose of the study, transferability to other individuals and/or situations becomes a possible result of the qualitative research process (Patton, 2014).

Ethical Consideration

The study was approved by the Institutional Review Board Committee, Faculty of Nursing, Prince of Songkla University, #MOE 0251.1.05/2148. All participants were informed of the study's objective and signed a free informed consent form. Furthermore, the participants also agreed to record the interviews. When approaching the participants, their secrecy and anonymity were ensured in the study; therefore, all names presented were initial.

RESULTS

The key participants of the study were 15 Muslim wives with HIV-positive husbands. The characteristics of the participants can be seen as below.

Table 1. Characteristics of the participants

Characteristic	Frequency (f)	Percentage (%)	
Age	26 – 30	2	13.3
	31 – 35	3	20.0
	36 – 40	2	13.3
	41 – 45	6	40.0
	46 – 50	2	13.3
Education	primary education (1 – 6 grade)	4	26.7
	secondary education (7 – 12 grade)	9	60.0
	tertiary (college and above)	2	13.3

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