

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

Yeni L.N. Agnes<sup>1\*</sup>, Praneed Songwathana<sup>2</sup>, Pajongsil Perngmark<sup>2</sup>

1. Nursing Department, Faculty of Health Sciences, Universitas Kadiri, Indonesia
2. Faculty of Nursing, Prince of Songkla University, Thailand

### **Article Information**

Received: 4 February 2022  
Revised: 10 June 2022  
Accepted: 5 July 2022

### **\*Corresponding Author**

Yeni L.N. Agnes  
novita.agnes@unik-kediri.ac.id

### **DOI**

10.20884/1.jks.2022.17.2.6230

### **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



ISSN : 1907-6637

e-ISSN : 2579-9320

### **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 (Kynge 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

**Table 1. Characteristics of the participants (continue)**

Characteristic		Frequency (f)	Percentage (%)
Ethnicity	Javanese	14	93.3
	Sundanese	1	6.67
Religion	Islam	15	100.0
Occupation	housewife	10	66.7
	self-employed	4	26.7
	Teacher	1	6.7
Type of family	Nuclear	9	60.0
	Extended	6	40.0
Marital status	married	15	100.0
Length of marriage	1 – 5	3	20.0
	6 – 10	2	13.3
	11 – 15	2	13.3
	16 – 20	4	26.7
	21 – 25	2	13.3
	26 – 30	2	13.3
Duration of husband's diagnosis	< 1 year	3	20.0
	1 – 4 years	9	60.0
	≥ 5 years	3	20.0
Way of knowing husband's HIV-positive status	told by the husband	5	33.3
	told by health care provider (HCP)	10	66.7

In order to organize results, data were distributed into three themes as follows:

**Theme 1: Meaning of being a Muslim wife to a husband with an HIV-positive**

The participants stated they took a moment, hours, and days to realize the meaning and consequences of living with HIV-positive husbands.

**Wife as a caregiver**

At the time the participants received news about their husband's HIV-positive status, the first thing that came to their mind as a proper wife was that they had to take care of their sick husbands.

As a good wife, I have to care for my husband when he is sick. There's no way I can just let him go, even though he sometimes doesn't care about his illness (Mrs. E, age 30).

I was mad at him. Yet, I continued to care for him, cheering him on. In Islam, not serving a husband properly is a sin. My husband's illness was not caused by a human. It (HIV) comes from Allah (God). If I am not caring for my husband, I am afraid Allah will not give His blessing to me (Mrs. S, age 41).

As a wife, it's my job to support him. I feel sorry for him. Who will take care of him if not me? I take care of him as best I can because it's my duty. I hope that if I take care of him well, Allah will shower me with His blessing. I always ask Allah to show me the right direction (Mrs. MA, age 46).

**Wife as a companion**

The participants viewed marriage as an essential and sacred union between a woman and man that is a part of religious obligations. It is also considered an act of worship to Allah (God). When they sign the marriage contract document, it reflects the couple's consent to the union without duress. For

them, any illness could not break the contract and make them leave their husband.

I told him that I married him because of Allah. I would accept whatever Allah gives me in this marriage since I said *aqad nikah* (marriage contract) many years ago (Mrs. A, age 38). I feel happy because my HIV test result is negative. But I am also sad because my husband's result is positive. I decided to stick with him forever. I assured my husband that I would not leave him, that he need not worry (Mrs. W, age 42).

Even though he has HIV, I will not leave him; the important thing is he loves me. We love each other deeply. It is my destiny to have a husband with HIV (Mrs. A, age 26).

**Theme 2: Life experiences after knowing husband's HIV-positive status**

The participants were shocked when they were notified about their husband's test result since they were never told before. At the time, the participants tried to control their emotions by responding to the news while caring for their husbands. The participants were having an internal conflict and seeking an HIV test to ensure their HIV status.

**Having mixed feelings**

Most of the participants (n=13) were shocked at the time they received bad news about their husbands' HIV-positive status. They felt shocked for a moment to several days. They could not understand how their husbands got the disease. For instance, Mrs. N, a 41-year-old housewife and married for 23 years, questioned how her husband got HIV. She expressed her feelings as follows:

When I was told my husband got HIV, I felt very shocked. How come he got the disease (Mrs. N, age 41).

Mrs. A, a 38-year-old housewife, was a newlywed when she received her husband's diagnosis seven years ago. Several

days after their wedding, her husband was hospitalized for two weeks. When the HCPs informed her about her husband's HIV-positive status, she was very shocked. She revealed her feelings in the following quotation:

At that time, I felt very shocked. I was just married to him for a month when I got the news about his HIV status (Mrs. A, age 38).

Thirteen participants were confused after the shock had worn off. They felt angry, upset, hopeless, lost, and wanted to cry at the same time. The following account was a participant's quotation expressing her feeling at that time:

Arrhhh.... I just couldn't explain what I felt. I felt confused. Really confused. I was furious with him, but I also wanted to cry. I just couldn't handle my feelings (Mrs. S, age 41).

Unfortunately, Two participants were unsurprised when they knew about their husbands' HIV-positive status. Both participants explained that their husbands had been involved with female sex workers (FSWs); one of the husbands used to be married to a FSW, and another had affairs with some women for a long time. They assumed their husbands got the disease from the FSWs. Mrs. E, a 30-year-old housewife, stated her feelings as follows:

Actually, I felt unsurprised about it (husband's HIV status). He might get the disease from his first wife since she was a *wanita nakal* (FSW) (Mrs. E, age 30).

#### **Realizing the difference in HIV status: *Alhamdulillah*, I am HIV-negative**

All participants found their HIV-negative status after knowing their husbands'. After finding out about their husbands' HIV-positive status, the participants also took the test. The time of HIV tests ranged from several hours to weeks after learning of their husbands' HIV-positive status. The participants wanted to know their HIV status to decide what to do next. The following statement is the participant's account indicating how she found out about her husband's HIV-positive status:

We had been married for one year when he started getting sick; he had itches for more than two weeks. At last, he took an HIV test, and the result was positive. I felt shocked when I knew he got HIV. I felt sad for my husband. Then he asked me to take test; *Alhamdulillah* (thanks to Allah) the result was negative. When I got my result, I felt pleased (Mrs. W, age 43).

#### **Theme 3: Philosophy of life in accepting husband's HIV-positive status**

Islamic teaching and Javanese values played an important part in the Muslim wives' decisions to accept their husband's HIV-positive status. Based on those two values that emerged in the study, Muslim wives pulled themselves together to take their new situation. They reconciled themselves with their husbands' prior and present sexual behavior that had led to HIV. They just had to accept it and continue their life as usual.

#### **Believing in *nasib* (taqdeer / destiny)**

Believing in *nasib* means believing that everything that happened in their life was their destiny. *Nasib* is a Javanese word, meaning that every good or bad thing that happened to people was Allah's will. In Javanese society, people used the word *nasib* (Javanese) and *taqdeer* (Arabic) interchangeably. When their husbands have diagnosed HIV-positive, they presumed the illness was their *nasib/taqdeer*. It was Allah who put them in their current situation; they just had to face it

and overcome the problems that came along. The following participants' quotations provided good examples:

I put some thought into the news (husband's HIV-positive status). In the end, I accepted it as my '*nasib*' (destiny). I took for whatever he was (Mrs. W, age 43).

The nurse told me that my husband got HIV. I was resigned since we already had a daughter. I just had to accept my *taqdeer* (fate) (Mrs. R, age 26).

At that time (2009), I had been married to him for one month when we found out he got HIV. I told him I would not leave him no matter what since I had said my vow and married him because of Allah. So, I would accept whatever it was (Mrs. L, age 36).

#### **Accepting husband's illness with *ikhlas* (sincerity)**

Accepting the illness with *ikhlas* referred to a set of actions that the participants took to accept their husbands' illness sincerely in an attempt to worship Allah. Mrs. SUN, a 41-year-old kindergarten teacher, explained her situation in the following statement:

It (husband's HIV-positive status) might be a *berkah* (blessing) from Allah. At first, he was hospitalized to remove a mass in his butt. In the end, he just needed to take medicine to remove it. I told him it (husband's HIV-positive status) didn't matter to me. I accepted his condition. It was Allah's will. Allah gives trial to every human being. The important thing is we have to face it with *ikhlas*. Allah gives a solution to every problem (Mrs. SUN, age 41).

#### **Feeling secure from HIV because of Allah's will**

Most participants had less worries about HIV transmission after having a new understanding of HIV transmission. They also adopted the device to protect them while they could still have their sexual life. Some of the participants believed that Allah would keep them safe. This could be seen in the following quotation:

At first, I was worried. Later, deep in my heart, I was sure I wouldn't contract the disease. I believed Allah would keep my safety (Mrs. N, age 45).

Furthermore, the participants strongly believed that they could get HIV if Allah let it happen to them, regardless of whether they used a condom. They mostly put their safety in Allah's hands by making *du'a*. *Du'a* is a part of a Muslim's life. By making *du'a* to Allah, participants believed that everything would be possible for them. The following statement indicated how they made *du'a* as an action to face their emotional problems:

At that time, I was perplexed. I returned everything to Allah. I did *Tahajjud* prayer (additional prayer). I was very shaken. I made *du'a* to Allah for my safety. Safe from everything. Safety in this life and hereafter. I truly believed in Allah's will. Allah would always keep me safe (Mrs. NUR, age 45).

Feeling secure from HIV put one participant, a 38-year-old housewife, took the risk of having sex without using a condom with her husband because she wanted to have children. Pressure to have a child would be more critical than HIV. She described her feeling as follows:

I never forced him to use a condom every time we had sex. It didn't matter to me. I never worried about getting HIV because I believe in Allah's will (Mrs. L, age 38).

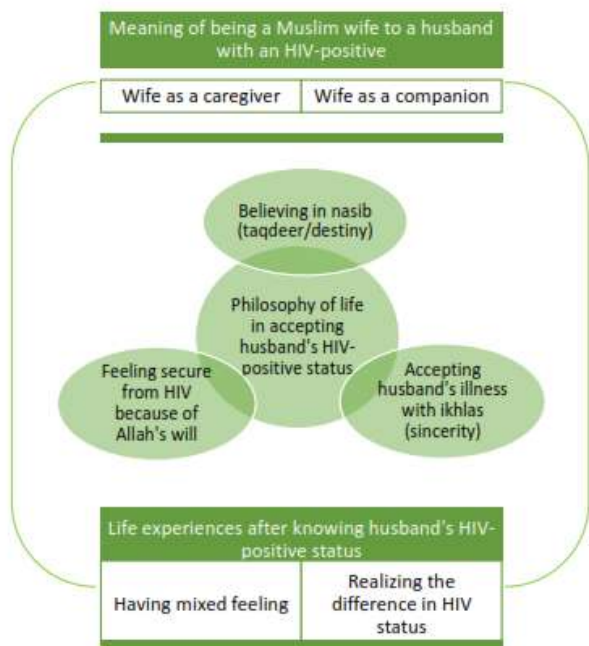


Figure 1 The spirituality of Muslim wives in accepting their husband's HIV-positive status

## DISCUSSION

Most participants got the news about their husbands' HIV-positive status when their husbands were hospitalized. At the time, they were more concerned about their husbands' bad condition than the news. In Javanese culture, women are destined mainly to become wives and mothers. Therefore, some women in the study were more likely to be concerned about their husband's health and ignored their feeling at the time they knew about their husband's HIV-positive status. Taking care of a husband in his health and sick was a form of fulfilling their duties as a wife and worshipping Allah.

All participants had married Javanese men and lived in the Javanese community. The relationship in the Javanese family was influenced by Javanese philosophy called 'ngabekti-ngayomi' (devotion-protection), in which women shared the men's role in maintaining and supporting their family (Huda, 2016). This philosophy affected how the participants reacted and took action to overcome the problems caused by the news. Participants' acceptance of the husband's HIV-positive status and the willingness to take care of their husbands could be interpreted as a form of *ngabekti* (devoted) to their HIV-positive husband. It was similar to the emotional-focused coping strategies that people usually perform for declining emotional distress when incidents are not changeable (Grech et al., 2018).

Moreover, the seriousness of how a person perceives a challenge as stressful depends on many factors, involving the individual's sight of his capability to manage new demands, successful experiences in dealing with resembling situations, the level to which someone could handle the event, perception of being overloaded or having contradicting needs and the standards for one's performance (Lewis, Sperry, and Colson in Mwakalapuka et al., 2017) It revealed that self-previous successful experiences influenced the success in encountering emotional distress. At the same time, this study found that making *du'a* to Allah and believing in *nasib* (destiny) were two crucial values that derived from both Islamic and Javanese values. Those two values made the participants acknowledge God's power over their thoughts

and realize they could not control everything in their lives. The distinction between the existing literature and the finding in the study could be caused by the difference in the context of culture and local values.

The Javanese saying of *narima ing pandhum* means "accept what God has given to you sincerely/without resisting." The attitude of *narima/trima* is often associated with hardship. In such a situation, an individual who was *narima/trima* would face the circumstances without grumbling (although he/she may have complained before achieving his state of the heart) (Myrlinda, 2019; Setiawan & Tjahjani, 2019). *Narima/trima* "brings peace through accepting the inevitable" (Myrlinda, 2019). In addition, Javanese values that prescribed people to accept their fate in life are usually used to shield or escape from the burdens of their real lives (Rubaidi, 2019). This result contradicted the statement that the difference in HIV status has caused marital dissolution and disruptions (Mwakalapuka et al., 2017).

Furthermore, the acceptance of their husband's HIV-positive status might have been influenced by the length of their marriage. The findings showed that 12 of the participants were married for more than five years. The length of marriage could be interpreted as showing that the couples have strong marital commitment and good communication. In Javanese society, their commitment to each other for a length of time reflected the Javanese proverb '*witing tresno jalaran soko kulino*' which means that love itself would grow with familiarity to one another (Andayani et al., 2018).

The researcher found there were some limitations in this study. This study focused on HIV-negative women with HIV-positive husbands. The number of this group was very limited. Another limitation was that the women participants were asked to recall events that for some could have occurred several years ago.

## CONCLUSION AND RECOMMENDATION

This study identified four spiritual/cultural perspectives, including believing in *nasib* (taqdeer/destiny), accepting the husband's illness with *ikhlas*, and feeling secure from HIV because of Allah's will, which contributed to Muslim wives' acceptance of husband's HIV-positive. Understanding the heterogeneous composition of married Muslim wives will aid in developing culture/spiritual specific strategies to reduce the transmission of HIV/AIDS. Though this study begins to illuminate some ethnic-specific realities that can lead to safe or risky behavior, more empirical studies are needed to fully understand spiritual/cultural roles in preventing HIV transmission among Muslim wives.

## ACKNOWLEDGMENTS

The authors acknowledge grant funding from the Graduate School at Prince of Songkla University, Kadiri University, and the Ministry of Research, Technology, and Higher Education of Indonesia Scholarship.

## REFERENCES

- Agnes, Y. L. N., & Songwathana, P. (2021). Understanding stigma and coping strategies among HIV-negative Muslim wives in serodiscordant relationships in a Javanese community, Indonesia. *Belitung Nursing Journal*, 7(5), 409–417. <https://doi.org/https://doi.org/10.33546/bnj.1600>
- Agnes, Y. L. N., Songwathana, P., & Perngmark, P. (2020). A grounded theory study of how Muslim wives adapt to their relationships with husbands who are HIV-

- positive. *Pacific Rim International Journal of Nursing Research*, 24(2), 187–201. <https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/184512>
- Andayani, B., Ancok, D., & Wulan, R. (2018). From love to family happiness: A theoretical model for Javanese Family. *European Journal of Social Sciences*, 12(1), 24–34. <http://journals.euser.org/index.php/ejser/article/view/3215>
- Bani, L. M., & Pate, H. A. (2015). The role of spouses under Islamic family law. *International Affairs and Global Strategy*, 37. <https://www.iiste.org/Journals/index.php/IAGS/article/view/26388/27021>
- Cherayi, S. (2013). Life of Discordant Couples Living with HIV in Puducherry, India: Psychological Distress and Coping Strategies. *Journal of Health, Medicine and Nursing*, 1, 1–7.
- Ekawardhani, Y. A., & Santosa, I. (2017). Javanese paternalistic culture in Keluarga Somat animated film episode “eating together” and “failure of romance.” *Art and Design Studies*, 56, 13–19. <https://iiste.org/Journals/index.php/ADS/article/viewFile/37741/38825>
- Grech, L. B., Kiropoulos, L. A., Kirby, K. M., Butler, E., Paine, M., & Hester, R. (2018). Target coping strategies for interventions aimed at maximizing adjustment in people with Multiple Sclerosis. *International Journal of MS Care*, 20(3), 109–119. <https://doi.org/10.7224/1537-2073.2016-008>
- Huda, A. M. (2016). The identity of Javanese women (The study of phenomenology toward Indonesian migrant women workers). *JARES (Journal of Academic Research and Sciences)*, 1(1 SE-Articles), 61–72. <https://doi.org/10.35457/jares.v1i1.506>
- Mwakalapuka, A., Mwampagatwa, I., Bali, T., Mwashambwa, M., Kibusi, S., & Mwansisya, T. (2017). Emotional and relationship dynamics between HIV serodiscordance and concordance couples: A narrative literature review and theoretical framework. *ARC Journal of Public Health and Community Medicine*, 2(2), 1–14. <https://doi.org/http://dx.doi.org/10.20431/2456-0596.0202001>
- Myrlinda, F. R. (2019). SITi: Javanese 's beliefs as the representation of gender roles and inequalities towards women's position. *Jentera: Jurnal Kajian Sastra*, 9(2), 187–198. <https://doi.org/https://doi.org/10.26499/jentera.v9i2.1358>
- Omar, S. (2014). *Marriage in Islam: Life partnership or discriminatory family set up? an analysis of some protective legal and moral Shariah provisions for women with special reference to Surah An-Nisa*. <https://doi.org/http://dx.doi.org/10.2139/ssrn.2492224>
- Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: SAGE Publications.
- Rubaidi, R. (2019). Java Islam: Relationship of Javanese culture and Islamic mysticism in the Post-Colonial study perspective. *El Harakah Jurnal Budaya Islam*, 21(1), 19–35. <https://doi.org/https://doi.org/10.18860/el.v2i1.6066>
- Setiawan, A., & Tjahjani, J. (2019). A claim against destiny as criticism of Javanese philosophy in Indonesian novel. In K. Saddhono, D. T. Ardianto, M. F. Hidayatullah, & V. R. Cahyani (Eds.), *Proceeding of the 1st Seminar and Workshop on Research Design, for Education, Social Science, Arts, and Humanities*, SEWORD FRESSH, 27 April 2019. Surakarta, Central Java: EAI <https://doi.org/http://dx.doi.org/10.4108/eai.27-4-2019.2286800>