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Religious Coping Strategies of HIV/AIDS Women and its Relevance with The Implementation of Sufistic Conseling in Health Services

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Abstract

This qualitative research attempts to describe the Religious Coping Strategies (RCS) of HIV/AIDS women in the Dr. Kariadi State Government Hospital, Semarang. Data collection through in-depth interviews with 6 informants. The result shows that 4 housewives informants developed Positive RCS, can be seen from three aspects, namely 1). They improve worship and forgive partners; 2). They are able to take lessons from the pain and use the hijab; 3). They are optimistic, it is shown in the spirit of work and adherence to treatment. The other 2 informants, WPS (Female Sex Workers) and PK (Karaoke Guides) tend to choose Negative RCS. This is seen from spiritual dissatisfaction (assuming fate and not wanting to change themselves for the better), thinking that the illness is a punishment indicated by despair and suicide attempts, and judging negatively on his religion (still running his profession without heeding the sins and effects that have been experienced). Furthermore, the roots of the relevance of RCS for HIV/AIDS women with the application of sufistic counseling in health services can be traced to the existence of Islamic counseling practiced by counselors at this clinic. This is where the opportunity to apply Islamic counseling is more specific to the planting of Sufistic values. Sufistic counseling emphasizes behaviors such as gratitude, patience, qana'ah, and sincerity, in fact RCS can be invested in Muslim HIV/AIDS patients. These attitudes and behaviors play an important role in suppressing the progression of the disease.

Keywords: religious coping strategies for women HIV/AIDS, sufistic counseling, health services.

Introduction

HIV/AIDS cases continue to grow every year. From the increasing number of HIV/AIDS cases, there are interesting findings, namely the increasing rate of HIV/AIDS in women, especially housewives. The trend of increasing rates of HIV/AIDS in women (housewives) occurs in almost all of Indonesia. This is evidenced in various reports released by the mass media both printed and *online.* Hasan Ramadhan (2013) emphasizes that HIV/AIDS transmission in Indonesia has recently begun to shift from vulnerable groups to low risk groups, such as housewives and babies. These new cases of HIV/AIDS have sprung up in a number of regions in Indonesia, such as in Bandar Lampung out of a total of 198 new cases of HIV/AIDS, 40 percent or 84 cases come from housewives. Similar findings also occur in Madiun, East Java and Cirebon, West Java (Ramadhan, 2013).

The high rate of HIV/AIDS in housewives was also confirmed by the Minister of Health of Indonesia at the commemoration of the day of HIV/AIDS on 1 December 2016. Minister of Health Nila F. Moeloek said that housewives are the highest population with HIV/AIDS with a total of 10,627 people, far adrift with 2578 sex workers and school children / students of around 1764 people (Indiani and Nodia, 2016). Thus it is clear that the rate of HIV/AIDS is increasing in housewives occurring evenly throughout Indonesia. The same trend as other provinces also occurs in Central Java. Semarang as the provincial capital is still ranked highest compared to other districts / cities.

According to data from the Semarang City Health Office, in the last six years from 2011 to June 2016, the number of HIV positive men reached 1,405 and women reached 1,059 people. The percentage of men over 50% infected with HIV. Housewives are ranked second after employees in AIDS cases. The number of housewives affected by AIDS in Semarang in the period 2007 - June 2016 was 18% or around 95 people from 529 people. While employees reach 20% or around 105 people. Other notes are the highest risk factors for transmission from heterosexual relationships (male and female) by 78%, and followed by homosexual relationships by 7% (Amali, et al, 2016). The high rate of transmission of HIV/AIDS among housewives as presented above deserves great attention. Moreover, the facts prove that the contagion factor is due to an unfaithful husband. Housewives who become people with HIV/AIDS like that

have a double burden. On the one hand, you have to fight against the pain, and on the other hand maintain the sustainability of the family.

The double burden experienced by women with HIV/AIDS such as caring for a sick husband, caring for children who are also likely to be infected, earn a living because of the burden spending will be even greater, not to mention the stigma and discrimination that occur from people who do not understand HIV & AIDS comprehensively (Yulianti, 2013, p. 188). While Regina Udobong et al (2015), confirms that a women with HIV is usually a member of a families infected with HIV/AIDS. Usually women have one or more children who have vertically infected. Women (mothers) usually become primary caregivers for his family member is sick, even though he also suffers himself. Women's burdens increase when a partner or husband is absent. He must be economically responsible for raising his children who suffer from HIV/AIDS (p. 108).

Furthermore Regina Udobong et al (2015), explained that women with HIV/AIDS must face criticism, discrimination and stigmatization from family and society, it is even impossible not to be treated like an outcast detached from the source of infection (p.108). Thus it is increasingly clear that women with HIV/AIDS experience complex problems. Automatically the stress experienced is more severe because it is not dealing with HIV/AIDS, but also other psychosocial stressors. In this situation, HIV/AIDS women are required to be able to adapt to the stress experienced in order to survive. Conversely, if prolonged stress is experienced, it can affect the progression of HIV/AIDS which worsens (Deekshitulu, 2015, p. 76-77).

From the above explanation, women with HIV/AIDS are required to develop coping strategies. A research found that women with HIV/AIDS proved to be more dominant using *emotion-focused coping* than men. While men are not proven to be more dominant in using *problem - focused coping* (Harun & Ago, 2014, p. 75). While the research of Muslimah and Aliah (2013) showed a significant influence between religious coping strategies on the level of adjustment of HIV/AIDS patients of VCT Clinics in Bekasi City Hospital (p. 43). The use of religion as coping is reinforced by the statement of VCT Counselor of Panti Wilasa Hospital Semarang, that HIV/AIDS patients who repent with God, forgive

themselves will tend to accept their situation more easily than those who refuse and lament their fate (Hidayanti, 2012, p. 98).

Some of the research above shows that religion can be a source of coping for HIV/AIDS patients. Religion can indeed provide a function as a tranquilizer when someone is in a downturn. As Mustamir (2011) said that religion through the teachings taught is a powerful means or media to relieve stress and subsequently have a positive effect on health (p. 81). Thus religious coping can be one of the choices taken by HIV/AIDS sufferers (including women). Moreover, supported by Hawari's (2000) statement that individuals with HIV/AIDS need therapy with a bio-psycho-socio-spiritual approach, meaning seeing patients not solely in terms of organ-biological, psychological, psycho-social but also spiritual aspects (p. 94).

Coping strategies are various efforts, both mental and behavioral, to master, tolerate, reduce, or minimize a stressful situation or event (Muslimah and Aliah, 2013, p. 45). Each individual can develop their coping mechanisms. If the coping mechanism is successful, then the person can adapt to changes. Coping mechanisms can be learned, from the beginning a stressor arises, and is formed through the process of learning and remembering. Learning here is the ability to adapt (adaptation) to the influence of internal and external factors and realize the impact of these stressors. The formation of coping mechanisms can be obtained through the learning process in a broad sense and relaxation (Nursalam and Kurniawati, 2008, p. 30).

The coping strategies that can be learned require certain assistance given to them. Moreover, real HIV/AIDS patients face various problems. General referral hospital patients with HIV/AIDS has facilitated health services with counseling. As we know that counseling for patients with HIV/AIDS is beginning to do door treatment. Counseling can be used as a means to help patients find effective coping strategies in dealing with their illness. One of the things that can be done is by presenting religious counseling that suits the patient's beliefs. For those who are Muslim, religious counseling is certainly directed at how patients understand and practice the teachings of Islam in order to overcome the problems they face.

This mystical counseling is one of the alternative Islamic counseling that can be given so that HIV/AIDS patients have better life skills. Sufistic counseling is

an effort to help people develop the "potential" which God Almighty to him and or resolve various problems it faces based on the teachings of Islam by imitating the life of the Sufis in the draw closer to God, in order to grow and develop into a personal righteous and devout and finally can live happily in the world and the hereafter (Sutoyo, 2017, p.6). Thus the sufistic counseling service can be used as an alternative counseling model that has actually been given along with the health services received by HIV/AIDS patients.

Method

This type of research is descriptive qualitative research. Including qualitative research because it aims to answer research questions through formal and argumentative ways of thinking (Azwar, 2007, p. 5). Descriptive because this study tries to provide existing problem solving based on data. So besides presenting data, also analyzing, and interpreting, and can also be comparative and correlative (Narbuko and Achmadi, 2005, p. 44). This research is descriptive qualitative research which is correlative, which means describing religious coping strategies in the HIV/AIDS women, then correlating it with the application of integrated sufistic counseling in health services.

The approach to this research uses ethno methodology, which is an approach that refers more to a rigorous problem area, which is about individuals creating and understanding their daily lives. Ethno methodology approach tends to focus on micro problems and researchers are likely photographer (Hendrarso, 05 05, p. 167). Based on this sight, this research will portray women HIV/AIDS strategic coping in the Infectious Disease Clinic Dr. Kariadi, followed by a brief exposure to the practice of counseling for patients with HIV/AIDS there, and concludes by describing how the relevance of the application of Sufi counseling in health care for patients with HIV/AIDS.

The research data was obtained through *first*, interviews and *in-depth interviews* with women with HIV/AIDS, counselors at the Infectious Disease Clinic, and doctors who deal with HIV/AIDS patients. The criteria for women with HIV/AIDS who will become informants are seen from the sources of transmission from partners and risky behavior, as well as the duration of HIV/AIDS infection. In addition, interviews were conducted with families of

women with HIV/AIDS, peer assistants, and administrators of KDS (Peer Support Groups); *second,* observation, observing the behavior of informants (women with HIV/AIDS); *third*, documentation such as documents on the number of patients and counseling services.

Data analysis techniques follow the analysis model of Miles and Huberman in Sugiyono (2007, p. 337), which is divided into several stages, namely:

1. *Data reduction* means summarizing, choosing key things, focusing on important things to look for themes and patterns and removing unnecessary things. This initial stage, researchers will try to get as much data as possible based on the research objectives set, which are related to the religious coping strategies of women with HIV/AIDS.
2. *Data display* is data presentation. In qualitative research it is usually in the form of narrative text, and can be equipped with graphics, matrices, *networks* and *charts.* At this stage, researchers are expected to be able to present data relating to psychosocial stressors that influence stress coping strategies, and religious coping strategies developed by women with HIV/AIDS.
3. *Conclusion drawing* or *verification* means drawing conclusions and verification. At this stage it is expected to be able to answer the formulation of the problem, can find new findings that have never existed, can also be a clearer description of the object. At this stage, the research is expected to answer the research formulation more clearly about "Religious Coping Strategies in Women with HIV/AIDS at DR. Kariadi State Government Hospital and its Relevance with the Application of Sufistic Counseling in Health Services".

Theoretical framework

Religious Coping Strategies HIV/AIDS women

Coping strategies are simply defined as ways to solve problems. *Coping strategies* can be interpreted broadly as coping that is used by individuals consciously and directed in overcoming the pain or stressors they face (Nursalam and Kurniawati, 2008, p. 30). Whereas according to Muslimah and Indah, coping

strategies show various efforts, both mental and behavioral, to master, tolerate, reduce, or minimize a stressful situation or event. (Muslimah and Aliyah, 2013, p. 45). So coping strategies are the way a person is done to overcome the pressure faced by a particular stressor.

Each individual can develop their coping mechanisms. If the coping mechanism is successful, then the person will be able to adapt to these changes. Coping mechanisms can be learned, from the beginning the emergence of stressors and formed through the process of learning and remembering. Learning here is the ability to adapt (adaptation) to the influence of internal and external factors and realize the impact of these stressors. The formation of coping mechanisms can be obtained through the learning process in a broad sense and relaxation. If individuals have effective coping mechanisms in the face of stressors, then the stressor will not cause stress resulting in illness, but stressors actually become stimulants that bring *wellness* and achievement (Nursalam and Kurniawati, 2008, p. 30).

Folkman and Lazarus (1986) mention that coping is twofold, namely *Emotion-Focused Coping and Problem-Focused Coping, namely*:

1. *Emotion Focused Coping* (EFC) is a form of coping that is directed to regulate emotional responses to stressful situations. Individuals can manage their emotional response with behavioral and cognitive approaches. Examples of behavioral approaches are alcohol use, drugs, seeking emotional support from friends and participating in various activities such as exercising or watching television which can distract an individual from the problem. While the cognitive approach involves how individuals think about stressful situations.
2. *Problem Focused Coping* (PFC) is a form of coping that is more directed at efforts to reduce demands from stressful situations. This means that coping appears to focus on individual problems that will overcome stress by learning new ways of skill. Individuals tend to use this strategy when they believe that the demands of the situation can be changed (p. 992-993).

While according Pargamen (1997) in Muslimah and Aliyah (2013, p. 52), one form of coping, namely the Religious Coping Strategy. This coping is included in *Emotional Focused Coping.* Religious coping strategies are coping involving religion in solving problems, by increasing religious rituals. This type of coping is a variety of efforts carried out by individuals by involving religious

elements into regulate or overcome differences between internal and external demands, so that it can help in dealing with stress. So the religious coping strategy is the way a person can deal with stress by involving religious teachings that are believed.

Religious coping strategies for women with HIV/AIDS are the methods used by women who are infected with HIV/AIDS in overcoming stress by utilizing their religious understanding and experience. *Religious coping* strategies according to Christian S. Chan and Jean E. Rhodes (2013) there are two, namely *positive religious coping strategies* such as seeking spiritual support, forgiveness, reassessing his religion better, and being optimistic. While *negative religious coping strategies* such as spiritual dissatisfaction, seeing disasters and calamities as punishment, and assessing their religion negatively (p. 258-259).

Involving religion in dealing with stress in women with HIV/AIDS has enormous benefits. Religiosity or spirituality in the form of religious commitment and religious practices are factors that help even protect the risk of HIV/AIDS progression. As conclusions from various previous studies about spirituality among people with HIV/AIDS by Utley and Wachholtz (2011), which shows a significant relationship between spirituality and disease progression. Those who have a spiritual improvement provide positive effects such as reduced pain, positive energy emergence, loss of *psychological distress*, depression loss, better mental health, improved cognitive and social functioning, and reduced development of HIV symptoms. While those who develop negative spiritual responses such as anger towards God, regard illness as punishment, and experience despair actually accelerate the progression of HIV/AIDS (p. 2). Thus it is important to develop *religious coping strategies* for women with HIV/AIDS because it provides an important contribution in the life of people with HIV/AIDS.

Sufistic Counseling

Islamic guidance and counseling is the process of providing assistance to individuals to be able to live in harmony and harmony with God's rules and instructions, so that they can achieve happiness in life in the world and the hereafter (Faqih, 2000, p. 4). Anwar Sutoyo defines Islamic guidance and counseling as an effort to assist individuals in overcoming the deviations of their religious nature so that he re-realizes his role as caliph on earth, and serves to

worship and serve Allah so that a good relationship with Allah, others and nature (Sutoyo, 2017, p. 6).

Understanding the meaning of Islamic counseling above, it can be understood that sufistic counseling is actually part of Islamic counseling that specifically applies sufistic teaching in the process of counseling services. As stated by Anwar Sutoyo also that mystical counseling is an effort to help individuals develop the "potential" given to them by Allah SWT and or solve problems faced by him based on the teachings of Islam by imitating the lives of the Sufisic in getting closer to God, in order to grow and develop into personal the *pious*, and in the end can live happily in the world and the hereafter (Sutoyo, 2017, p. 6).

An important essence of sufistic counseling is to imitate the morality of the Sufi who have proven to be able to provide positive value for them. One of the benefits is to have health effects both physically and spiritually. As Shukur said that mysticism as part of Islamic teachings gives demands on how to restore health; free from disease not only physical but also psychic (Gratitude, 2012, p. 407). Islamic spirituality (sufistic) is very rich in teaching how to reach degrees as closely as possible God (Thanksgiving, 2012, p. 407). The need for closeness to God is becoming increasingly important for people who are sick. Pain that is not positively interpreted by patients can lead them away from God. This kind of thing is contrary to the teachings of Islam. Counseling that suppresses the moral cultivation of the Sufi people is essentially a part of Islamic teachings that are very relevant to be implemented in health services for patients.

Sufistic counseling that adopts Sufism teachings in helping patients solve their problems can be practiced by applying exercises with earnestness (*riyadhah* and *mujahadah*) to cleanse, enhance and deepen spiritual values in order to get closer *(taqarrub)* to Allah, so that in that way, all one's concentration is only directed to God (Gratitude, 1998, p. 12) . To achieve this, the stages of counseling that can be done by adopting the stages of the students in achieving closeness with God. The stages that must be passed are through *takhalli* (cleansing oneself of despicable qualities), *tahalli* (filling oneself with praiseworthy qualities), and *tajalli* (obtaining the reality of God) (Syukur, 2000, p. 156).

The stages of *tahalli,* namely the stage of self- adornment with a commendable attitude can be applied by providing knowledge and understanding to clients about maqām - maqām in Sufism such as *taubat, wara ', zuhd, ṣabr,*

tawāḍu', *taqwā,* *tawakkal,* *riḍā,* *maḥabbah,* and ma'rifah, and related to praiseworthy qualities like *ṣiddīq*, *ikhlāṣ*, *khawf*, and *rajā* ' (Gratitude, 2012, p. 53-54) . In addition, the aḥwālis an inseparable part of the cultivation of the commendable attitude of the Sufi such as *qana'ah* (feeling enough), *thankfulness* (being grateful for everything the gift of Allah SWT), *faqr* (very much in need and not having something that *fulfills his* needs), and *yaqīn* (trust based on reality; knowing the truth, and feeling yaqin truthfully). The *Maqāmāt* and *aḥwāl* are part of the process of achieving a Sufi towards his God (Gratitude, 2012, p. 397). The *Maqāmāt* and *aḥwāl*, it is essentially a variety of positive attitudes that can be used as coping strategies to deal with problems.

Counseling in Health Services for HIV/AIDS Patients

Every life event can be a significant source of stress. One of them is when someone is suffering from an illness. Hawari (2000) mentions psychosocial stressors including marriage, parental problems, interpersonal relationships, work, environment, finance, law, development, and disease (p. 46-48). Disease is a stressor for sufferers, especially chronic diseases and terminals. Still according to Hawari (2000), HIV HIV/AIDS is "medical illness" and also "terminal illness". Further explained that individuals with HIV/AIDS need therapy with a bio-psycho-socio-spiritual approach, which means seeing patients not merely in terms of organ-biological, psychological, psycho-social but also spiritual aspects (p. 94). Holistic therapy is needed to help the complexity of the problem of HIV/AIDS sufferers.

The complexity of the problem of HIV/AIDS sufferers which is often the trigger of excessive birth stress. This is because they are faced with lifelong medical treatment. In addition, faced with psychosocial problems that are not inferior. Utley and Wachholtz (2011), stated that HIV/AIDS can reduce the quality of life of sufferers such as increasing dependence on others, mental disorders such as depression, anxiety, despair, and worry, and affect the damage to social life such as isolation and stigmatization (p. 1). While for women they are also faced with the problem of maintaining family life with their husbands and children (Yulianti, 2013, p. 188).

Dealing with various problems, women with HIV/AIDS are required to be able to choose the right coping strategies. The wrong coping strategy will be able to have fatal consequences on himself.Because HIV/AIDS is a type of disease that is strongly influenced by stress (Mustamir, 2007, p. 257). Religious coping can be an effective alternative to dealing with stress faced by HIV/AIDS patients.Religion with its various teachings can encourage its adherents to be more able to accept reality, be optimistic about living life and even discover the meaning behind the calamity that befalls. As research by Christian S. Chan and Jean E. Rhodes (2014): 257-265) which shows that religious positive and negative coping is highly correlated with trauma after the catastrophic hurricane Katrina. Those who develop positive religious coping can become better religiously after experiencing a disaster. While they are developing increasingly negative religious coping under pressure risky a mentally to undergo depression (p. 257-265).

While in relation to HIV/AIDS patients, Wyngaard (2013) shows that the involvement of religion or spirituality can provide valuable meaning for PLWHA (People with HIV/AIDS). The findings show that involving spiritual aspects can lead them to rediscover hopes and meanings of life, and improve the dignity of those who are stigmatized and haunted by feelings of guilt towards themselves or their families, and improve skills for survival (p. 226) . This shows that religious coping is important to be developed in PLWHA. Therefore, to build religious coping, PLHIVs need the help of others who are easy to find, such as doctors or counselors in the hospital along with their physical health consultation.

Commonly, PLHIV referral hospitals have facilitated health services with counseling. As is known that counseling conducted in VCT clinics is the beginning for HIV/AIDS patients to do treatment. Existing counseling can be used as a means to help patients find effective coping strategies in dealing with their illness. One of the things that can be done is by presenting religious counseling that suits the patient's beliefs. Religious counseling is assistance given to a person or group of people who are experiencing inner-born difficulties in carrying out their life tasks using a religious approach, namely by arousing the vibrational power of faith in themselves to encourage them to overcome the problems faced (Mubarok, 2004, p. 4 -5) .

For those who are Muslims, religious counseling is certainly directed at how patients understand and practice the teachings of Islam to be able to overcome the problems they face. Islamic Counseling is one of the alternative

counseling that can be given so that PLWHA have better life skills. Counseling given to PLWHA is expected to be able to provide psychological support such as support related to the emotional, psychological, social, and spiritual well-being of someone infected with HIV/AIDS, providing information about risky behavior, helping clients develop personal skills in dealing with illness, and encouraging medication compliance (Priyanto, 2009, p. 120) . Thus the hospital can optimize counseling services that have been running with a religious touch adjusted to the patient's beliefs.

Religious counseling is one of the ways that can be developed in order to help HIV/AIDS patients find the right coping strategies. Counselors at hospitals referred to as PLWHA in Indonesia are indeed required from doctors, nurses, or psychologists. It is appropriate if religious counseling can be integrated with health services provided by doctors or nurses, even psychologists or special officers who act as counselors. This service will help PLHIV patients get holistic health services (bio-psycho-socio-religious). Even more than that, the hospital can carry out the mandate of the law to provide palliative care services for terminal patients (HIV/AIDS) (Indonesian Health Ministry Number: 812 / Menkes / SK / VII / 2007).

Discussion

Religious Coping Strategies HIV/AIDS Women

Disease is a psychosocial stressor that often comes in human life. From acute illnesses, diseases, chronic diseases, to terminal diseases, all three contribute different levels of stress for the sufferer. Moreover terminal disease which leads to the death of the sufferer becomes a severe stressor not only to the sufferer but also to his family. The effect of medical treatment with lifelong ARV therapy is its own source of stress for sufferers (Deekshitulu, 2015, p. 75). This is coupled with psychosocial problems that accompany them such as anxiety, inferiority, self-esteem, self-isolation, stigma and discrimination (Deekshitulu, 2015, p. 76). These stress factors were found in 6 women and HIV/AIDS informants in this research (Hidayanti, 2017, p. 148). The complexity of the stressors faced requires them to be able to choose and develop appropriate coping strategies.

The religious coping strategy developed by 6 informants in this study found that 4 HIV/AIDS women from housewives chose to develop positive religious coping strategies. This can be seen from four aspects, namely seeking spiritual support by improving worship, forgiveness, namely forgiving a partner, reassessing his religion, namely being able to take lessons from his illness and using hijab, and optimism that is shown in the spirit of work and adherence to treatment. While the next 2 informants from the WPS and PK circles tended to choose a negative religious coping strategy. This is seen from spiritual dissatisfaction (responding to fate and not wanting to change themselves for the better), considering HIV/AIDS as a punishment indicated by despair and suicide attempts, and judging negatively on his religion (still running his profession without heeding sin and the effects experienced it).

The findings are in line with *the opinion of* Christian S. Chan and Jean E. Rhodes (2013) 258-259) which says s ach people can develop *positive religious coping strategies or negative religious coping strategies.* Seeking spiritual support, forgiveness, reassessing his religion better, and optimism is a form of *positive religious coping strategies.* While *negative religious coping strategies are* indicated by spiritual dissatisfaction, seeing disasters and calamities as punishment, and evaluating negativity in their religion (p. 258-259). The first group was dominated by women who were housewives developing *positive religious coping strategies.* The second group that chooses *negative religious coping strategies* is HIV/AIDS women from WPS and PK circles.

A positive or negative religious coping strategy is an indication of the religious experience of women with HIV/AIDS as one of the determining factors. Those who have a good sense of religion will choose positive religious coping, and vice versa. Those with superficial religious understanding will tend to develop negative religious coping. Seba Gaiman said Mustamir (2008) that choosing coping strategy is influenced by social background, state of nutrition, fitness, educational background, culture, ancestry and appreciation of religion (p. 53-54). The reality of religious understanding influences the choice of coping strategies strengthened by recognition of Case Managers and Counselors emphasized that women who were classified as FSW when convicted of HIV/AIDS had a tendency to show expressions of *negative religious coping.* This is influenced by their weak understanding of religion or they have long since

abandoned their religious teachings because of their profession. Different from housewives who have better religion.

But actually the formation of coping mechanisms can be obtained through the learning process in a broad sense and relaxation. If individuals have effective coping mechanisms in the face of stressors, then the stressor will not cause stress resulting in illness, but stressors actually become stimulants that bring *wellness* and achievement (Nursalam and Kurniawati, 2008, p. 30). From here actually, there are many possibilities that could be done by women with HIV/AIDS to develop positive coping strategies, although they have poor social background, low education, and the limitations of religious understanding. This is evidenced by 4 housewife informants despite having low education, but the discipline of attending a peer support group (KDS) provides many benefits. They acknowledge their active participation in peer support groups, giving a lot of knowledge and understanding about their illness. This is what encourages them to be more able to *survive* by choosing and developing positive coping strategies, especially involving religion in it.

Such reality is to reinforce the opinion that coping strategies are strongly influenced by social support, and social skills. Social support here includes support for meeting the information and emotional needs of individuals given by parents, other family members, relatives, friends, and the surrounding community. While social skills are the ability to communicate and behave in ways that are in accordance with the social values prevailing in the community (Muslimah and Aliah, 2013, p. 45). The activeness of the informants who participated in peer support groups became a means of building the social support they hoped for and were able to help develop positive religious coping.

In addition, the social skills of HIV/AIDS women can be developed in the KDS forum. This is because basically KDS is a place that provides a safe and comfortable environment for PLWHA. KDS serves as a place to exchange information and experience in solving problems faced by PLWHA (Directorate General of Correctional Services of Indonesian Law and Justice Ministry, 2011: 4). Added by Hidayanti (2016) that KDS has a meaningful role in the lives of PLWHA. PLWHA get peer support affecting the level of confidence, knowledge of HIV, access to HIV services, HIV prevention behavior, and positive activities that are higher than PLHIV who do not get peer support (p. 97).

These benefits of participating in peer support groups are finally able to help HIV/AIDS women to develop positive coping strategies as described above. The openness of these HIV/AIDS women to study with their fellow human beings and also from other sources in the peer support group forum is a very different thing from the more closed HIV/AIDS women. As shown in this study, that HIV/AIDS women with social backgrounds as FSW tend to develop negative coping strategies. This is not only due to factors of social background, education or understanding of religion, but also because they close themselves.

Rodkjaer, et al (2011) found that disclosure of HIV/AIDS status actually reduces stress experienced by patients, and vice versa (p. 11). Thus meaning, it shut themselves developed some HIV/AIDS resulted in them reluctant to open up and take advantage of access to services for HIV/AIDS are provided in the hospital. In addition, this action prevents HIV/AIDS women from learning to develop positive coping strategies such as HIV/AIDS housewives. They finally seem satisfied with the way they deal with the pain and problems that accompany it according to their desires and knowledge. Though things like that make them continue to experience ongoing stress.

The choice of negative coping strategies as above can actually be changed towards positive coping. As experienced by one 40-year- old informant who was infected by a husband who had only been married a few months. The initial choice to develop *negative religious coping* is part of the expression of his lack of power over the destiny of God. Spiritual dissatisfaction began to be felt by questioning God's purpose in giving HIV/AIDS which he considered a disaster. Even he thought of ending his life because of having stigma and discrimination of exit g a and society (Hidayanti, 2017, p. 109).

However, in the end *negative religious coping* can change and change in a land to *positive religious coping*. Assistance from counselors and case managers give importance change to choice coping strategies. In fact, he was advised to join the peer support group to build and strengthen social support from fellow PLWHA. Support from others can be a substitute for family support while you can get your bell. As explained by Masruroh (2014) mentions that social support influences stress levels of people with HIV/AIDS (PLWHA), namely the higher social support, the lower the level of stress, and vice versa. The social support in question includes information support in the form of counseling, assessment

support in the form of praise, instrumental support in the form of material, providing emotional support in the form of receiving, appreciating and listening to feelings with empathy (p. 7).

Based on the description above, it can be concluded that HIV/AIDS women develop different religious coping strategies. Women of HIV/AIDS among housewives mem Invert Selection m eloped positive religious coping. While the other two informants from WPS and PK chose more negative religious coping. These differences are influenced by several factors such as social background, education, social skills, social support, and religious understanding. However, what needs to be noted is that the coping mechanism is something that can be learned so HIV/AIDS women who originally developed negative religious coping can turn into positive religious coping. One of the means of learning to build positive coping is actively participating in peer support forums that have been provided at DR. Kariadi State Government Hospital, Semarang.

Relevance of the Application of Sufistic Counseling in Health Services with the Religious Coping Strategies for HIV/AIDS Women

An interesting finding that needs to be noted is that HIV/AIDS women develop positive and negative religious coping strategies. The choice of coping strategies turned out to be influenced by factors of social background, education, social support, social skills, and religious understanding. In addition, it is also known that coping strategies are the result of one's learning process against coping mechanisms that may be developed within them. Coping strategy is not something permanent, but it can be shaped in the learning process in a broad sense. So that in the end someone can change a negative coping strategy into a positive coping strategy from others.

Other people who can be a source of learning to build appropriate coping mechanisms for OD HA include doctors, counselors, peer advocates, fellow PLWHA, and their families. The learning process may not significantly affect the social and educational background that PLWHA already have. However, the learning process can affect aspects of social support, social skills and religious understanding of PLWHA. The realization of the learning process needed by PLHIVs is actually provided by hospitals through various health services for brands. Health services for HIV/AIDS patients are not limited to medical services,

namely in the form of treatment facilities to get ARV therapy, but required PLHIVs health treatment that is equipped with counseling services that *include* in medical services rendered.

This counseling service is not solely oriented to medical counseling for medication compliance. Counseling services provided include continuous counseling. This type of counseling is counseling for PLWHA so that they understand the course of their illness and the psychosocial issues experienced in the course of further illness. Psychosocial issues above are actually stressors for PLWHA (Deekshitulu, 2015, p. 77) (Utley & Wachholtz, 2011, p. 1). Psychosocial issues interventions are needed by clients to build support networks, develop self-autonomy, and increase control. The choice of intervention that can be done is counseling (individual, spouse, family, pastoral / religious), networking support groups (KDS), emotional and spiritual support, drug management and others (Naing et al, 2004).

Looking at the intervention options above, DR. Kariadi State Government Hospital Semarang, as one of the referral hospitals for PLWHA in Central Java has facilitated everything. This is supported by Hidayanti research (2016) which showed that the KDS of DR. Kariadi State Government Hospital has implemented guidance and counseling services. This can be seen from information education activities through group guidance, and peer counseling. These activities can provide knowledge, share experiences and help others solve problems so that they can foster *self-esteem of their* members. While Individual counseling services do not only involve counselors from within three hospitals. But it also involves peer assistants appointed by the KDS board, and also from NGOs that have a network of cooperation with Dr. Kariadi (p. 117).

Individual counseling practices at the hospital have used religious approaches. As Dr. dr. Muchlis, Sp. PD., KPTI said that the religious approach is needed by all patients, not only in palliative care. This is because basically sick patients experience psychological problems such as low self-acceptance. According to him, religion is an effective approach to overcome this problem. Especially dealing with HIV/AIDS patients who are desperate and feel worthless is by encouraging them, not blame. Patients must be encouraged to remain optimistic in living their lives by getting closer to God and abandoning habits that make them infected with HIV (Hidayanti, et al, 2016, p. 118-119).

Another acknowledgment from an external counselor that religious language is very effective is used to encourage patients to properly interpret their illness, find a better life, and be grateful for their condition (Interview with Counselor, September 1, 2017). The same thing was also recognized by the mentor peer stating that remind at right on religion is a way to overcome boredom in the middle of treatment compliance should be conducted. This peer advocate actually suggests remembering God in their own ways to overcome the anxiety, anxiety that comes to the patient every time HIV/AIDS. This is corroborated by the recognition of several women with HIV/AIDS. According to them, each time a KDS meeting, the facilitators always reminded them to get closer to God according to their respective religion (Hidayanti, 2016, p. 99).

Seeing this fact, there is an opportunity to develop further religious counseling services especially Islam in counseling services that are integrated with health services for HIV/AIDS patients. This is important because most HIV/AIDS patients who seek treatment at DR. Kariadi State Government Hospital is Muslim. Muslim is as the Islamic teachings he adheres to have his own beliefs and rules that are different from other religions, including in finding solutions to the problems faced. Islamic Development Counseling in Health Care for patients with HIV/AIDS could borrow some concepts of Sufism is the esoteric dimension of Islam.

Counseling that emphasizes the implementation of Sufism is often referred to as Sufistic counseling. This counseling adopts Sufism teachings in helping patients solve their problems can be practiced by applying exercises with earnestness (*riyadhah* and *mujahadah*) to cleanse, enhance and deepen spiritual values in order to get closer *(taqarrub)* to Allah, so that way, all one's concentration is only directed to God (Thank God, 1999, p. 12). According to Sutoyo (2017), sufistic counseling is an effort to help people develop the "potential" which God Almighty to him and or resolve various problems it faces based on the teachings of Islam by imitating the life of the Sufis in the draw closer to God, in order to grow and develop into a private *'righteous* and *devout* , and ultimately can live happily in the world and the hereafter (p. 6) .

Based on the above understanding, the direction of counseling developed for patients with HIV/AIDS is to emulate the lives of Sufis as a means to improve their personal lives and their families. The application of *sufistic* counseling can

take advantage of three stages, namely *takhalli* (cleansing yourself of despicable qualities), *tahalli* (filling oneself with praiseworthy qualities), and *tajalli* (obtaining the reality of God) (Gratitude, 2000, p. 56). At this *takhalli* stage, HIV/AIDS women can be directed by counselors to clean up from all negative judgments about their illness. The patient is helped to change the negative view that his illness as God's punishment is a positive view that sickness is the love of Allah SWT. This *tahalli* stage becomes very important as the beginning of HIV/AIDS women enjoy their lives even though the virus continues to nest in its body.

The next stage is the *tajalli* stage (obtaining the reality of God). Stages where someone feels his closeness to God. At this stage, HIV/AIDS women can be motivated to continue to perform obligatory and *sunna* worship to strive for God's presence in the life they live. HIV/AIDS women who are vulnerable to various life problems must have resilience. Better, deeper knowledge, understanding and experience of religion is an effective means of building such resilience or more specifically having effective stress coping abilities. The presence and feeling of being close to God will give him internal strength to fight tirelessly to achieve a good quality of life, despite the fact that the HIV/AIDS virus cannot be treated.

Other teachings of Sufism which are important for the application of counseling are *Maqāmāt* and *aḥwāl.* Maqāmat in Sufism such as taubat, wara ', zuhd, ṣabr, tawāḍu', taqwā, tawakkal, riḍā, maḥabbah , and ma'rifah, and relates to virtuous qualities such as ṣiddīq, ikhlāṣ, khawf, and rajā ' (Thanksgiving , 2012, pp. 53-54) . In addition, the *aḥwāl* is an inseparable part of the cultivation of the Sufis' commendable attitudes such as *qana'ah* (feeling enough), *thankfulness* (being grateful for all the gifts of Allah SWT), *faqr* (in dire need and not having something that meets their needs), and *yaqīn* (trust based on reality; knowing the truth, and feeling really true). Maqāmāt and aḥwāl are part of the process of attaining a Sufi towards his Lord (Gratitude, 2012, p. 397).

It is this Maqāmāt and aḥwāl which are actually traced deeper are all attitudes and praiseworthy qualities that are capable of being a strong shield in facing all the tests of life. Moreover, for women with HIV/AIDS, they are clearly confronted with complex psychosocial stressors. Despair which leads to depression and even the desire to commit suicide by one of the informants, for example, shows that there is no self-acceptance or riyā, lack of sincere attitude or

pleasure with God's provisions, lack of patience in facing the exam that comes to everyone, even unwillingness to repent and be more pious to God even though it is clear that the pain is part of his own actions.

Maqāmāt and *aḥwāl* which is a reflection of Sufi morality that can be pursued through these various riyadhah which can then be intensively applied to HI V / AIDS patients. The psychosocial problems that are commonly experienced by them can be the starting point for how the Sufi characters are taught as a learning process to build a strong religious coping strategy. Some commendable attitudes that are important for example are repentance, *patience*, *taqwā*, *tawakkal*, and *riḍā*. Repentance, for example, is an important attitude that must be embedded in women with HIV/AIDS expecially for those who are doing risky behavior such as drug users, and sex.

There is a tendency for this group to refuse to repent. Reasons that arise for example are already sinful or even consider it to be fate or destiny. Taubah is a very important attitude to be instilled. Repentance itself is returning to Allah, meaning returning to His heart, returning to His door to beg for His love and mercy (Hayat, 2017, p. 120). Repentance is the initial door to make positive changes, after someone has committed a sin or mistake. The emergence of repentance consciously will make it easier for a person to improve himself *istiqamah* without any return to do the same mistakes and sins.

Another attitude is patience. Patience is not something that is passive. Patience is not submissive and obedient without opposition and effort but struggle and effort by maintaining the soul's fortitude and confidence in good results. Patience can also be a person's effort to be able to collect and collect all the resources he has that prevent him from complaining and anxious. Patiently, people can gather and collect various potential dimensions in themselves. Patience will cause a strong and strong emotional response, *tawakal*, that is, whatever happens to it is given to God. But do not give up hope, but solve the problem with diligence, determination, fortitude, and determination, in a wide and calm face facing trials from God (Hasan, 2008, p. 446-453).

Tolerance in the sense that is important to be grown in patients with HI V / AIDS in general. Patience has been understood as a passive attitude without movement. This kind of meaning needs to be straightened out. Patience as an attitude that can be a human helper in every face of the test is its own

strength for those who have it. Patience in a dynamic sense that is basically a coping religious strategy who taught the S UFI in life. Patience in the context is a dynamic attitude that must be possessed by HIV/AIDS patients in dealing with their illnesses, remain strong efforts and trust and live their best lives to win the blessings of Allah SWT.

The purpose of life as expected by the Sufi is to get the pleasure of Allah SWT. Likewise, the case with HIV/AIDS patients who have to be implanted strongly. A person who understands the purpose of his life correctly will try to achieve by all means as exemplified by the Sufis. This *Maqāmāt* and *aḥwāl* in the Sufism tradition teaches various attitudes and positive traits that are very beneficial for the perpetrators. Moreover, HIV/AIDS patients who suffer from the disease, but also experience stress due to psychosocial problems that accompany the pain. Patients who live their lives as suffering and punishment in their development can accelerate the progression of HIV/AIDS. All of these negative attitudes actually weaken the body's natural immune system which is actually a force against the illness to continue to survive.

Stress in psychoneuroimmunology studies will lead to disruption of the performance of the endocrine glands that play a role in the immune system. Conversely, stress-free conditions will increase the work of the endocrine glands which means that the immune system also increases (Hawari, 2003, p. 127). Thus, it becomes very important to foster a psychological and spiritual adaptive response where both are urgently needed to grow effective coping in HIV/AIDS patients. From here clearly visible emphasis of sufistic counseling for patients with terminal diseases such as HIV/AIDS is the development of the attitude and endurance of the client in the fight against his disease, fostering patience, fortitude and tenacity of the client to make the best efforts to fight the disease that is medically difficult to cure, but attitude and self-resilience is stronger than the disease itself (Taufiq, 2005, p. 333). With this Sufi style of mentality, it is expected that the client can help himself, reduce the burden of his suffering and ultimately the client can accept himself and become a winner even if his illness is brought to death.

Conclusion

Based on the findings of the study and discussion, several recommendations can be made for hospitals referring to HIV/AIDS patients, among others, the importance of the hospital giving more attention to psycho-socio-spiritual therapy, in addition to medical therapy, by maximizing ongoing religious counseling services; open space for cooperation with various parties to help realize the realization of established and standardized religious counseling that will provide very significant benefits for HIV/AIDS patients; and opening up space for collaboration with religious colleges or religious institutions to enhance and develop activities related to psycho-spiritual therapy for patients with terminal diseases.

The recommendations for the development of the academic field at the Faculty of Da'wah and Communication and Walisongo State Islamic University is collaborative research in the world of health to improve the axiology of Da'wah in answering public health problem in order to realize the university's vision and mission, based on unity of knowledge that is useful for the humanity of civilization.

In addition, a collaborative research between Walisongo State Islamic University and Dr. Kariadi State Government Hospital helps to increase psycho-socio-spiritual support for patients with terminal illness such as HIV/AIDS and others through the helps to increase application of Da'wah (*Irsyad* / Islamic guidance and counseling).This effort was carried out a form of university participation assist government programs in accelerating HIV/AIDS prevention and prevention through education, information and counseling.

The results of this study also contribute to the wider community for; 1). Enhancing awareness and concern for people with HIV/AIDS (PLWHA) who need social support from all parties to be free from stigma and discrimination; 2). Bringing more humanistic behavior towards PLWHA so that they can live the role of members of society as other people; 3). The importance of building religious awareness and religious experience both personally and in groups / communities as a provision for dealing with various stresses that will emerge in every phase of human life.

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