

Difficulties in Performing Prayers as a Muslim Transgender Individual

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Abstract

The number of transgender individuals living with human immunodeficiency virus (HIV) in Indonesia is increasing. As human beings, transgender individuals have needs, including spiritual and religious needs. The purpose of this study is to explore transgender individuals' experiences when praying as Muslims. This qualitative study uses a phenomenological approach. We recruited 15 transgender Muslims living with HIV. Answers obtained during the course of in-depth interviews revealed the following trends: (1) Constraints encountered when attempting to pray as transgender individuals among the Muslim community; (2) transgender women perceive that they are men while praying; and (3) hospital nurses do not provide spiritual guidance. Nurses should provide for the spiritual needs of transgender individuals.

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Introduction

A Joint United Nations Program on human immunodeficiency virus (HIV) and AIDS states that the prevalence of HIV-AIDS is significantly increasing among the transgender community.^{1,2} Transgender people come from various backgrounds, races, religions, ethnicities, and socioeconomic backgrounds and may lead fully productive lives.^{3,4} Being "transgender" means that an individual expresses a preference for a gender identity other than that assigned at birth.^{5,6} Cultures have differing terminology for referring to transgender individuals. In Indonesia, transgender women are known as "waria," a term that derives from the Indonesian words for "woman" and "man."^{7,8} Many transgender individuals are unable to take advantage of formal employment opportunities, avoid community life, and have an unstable family life of poor quality.^{3,7}

Transgender sex workers face numerous challenges. The biological risk factors encountered include health concerns, use of prohibited hormones, and silicone injections.

Individual challenges include the need to assert one's gender. Interpersonal risk factors include high-risk male partners. Structural risk factors include discrimination, sexual violence, and demographic issues.⁸⁻¹⁰ Transgender individuals whose patterns of affection, partnering choices, and sexual identities challenge religious norms and religious communities often cause disputes. Transgender people contribute to migration from contexts of sexual persecution and criminalization.¹¹ Some transgender communities in Indonesia are plagued by conflict.⁷

Transgender individuals who are Muslim often find themselves at the center of social conflict. As a social creature, a transgender person's position is parallel to that of other humans; what distinguishes it is the level of God-fearing. Transgender individuals, as God's beings, have the right to interpret religion as they see fit, including associated rights and duties.⁷

The transgender community is a marginalized group, so transgender individuals fight for their existence through various social strategies (e.g., organization, art, and sport). In addition, through religious activities, transgender individuals try to build a positive image. The view of people who stereotype transgender individuals with street life see religious activities conducted by transgender individuals as negative or cynical.

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Transgender identity produces a unique life experience.¹² The spiritual experience for transgender individuals is profound, with interpersonal, social, and religious effects.^{13,14} The spiritual experience becomes even more difficult if the transgender person has health issues such as HIV.

According to WHO (2015), the obstacles experienced by people living with HIV (PLWH) include stigma, which is more pronounced in religious countries,^{15,16} especially in Muslim-majority countries.¹⁷ Indonesia is a religious country with a high stigma against PLWH.¹⁸ Furthermore, PLWH are prone to spiritual struggle. They do not have adequate spiritual resources to solve their relationships with God.¹⁹ Spiritual support is important for PLWH. Spiritual affecting life purpose and welfare for PLWH.^{20, 21}

Spirituality must be understood as part of the holistic vision of one's health—everyone is a spiritual being. Nurses must understand the patient's spirituality in order to resolve the patient's spiritual issues. The fulfillment of spiritual needs brings about a sense of spiritual well-being, which affirms life in relationship to God, self, society, and environment. The quality of a person's relationship with these four domains is a sign of spiritual health.²² The spiritual experience is part of basic human needs—not only in men and women but also in transgender PLWH.

Materials and methods

Participants

The research involved 15 Muslim transgender participants with HIV. Participants in this study using code "P." The first participant is referred as P1, second participant as P2, and so on. Determination of participants relied on these inclusion criteria: (a) transgender, based on information obtained from the head of the organization that shade them and based on self reports as transgender; (b) HIV positive; and (c) Islamic. Exclusion criteria included (a) non-transsexual participants who have undergone sex change surgery; (b) transvestites who cross-dress for sexual satisfaction; and (c) those with genetic abnormalities of intersex who have both sexes.

Research Design

This study uses phenomenology with in-depth interviews. This research, which explores experience, was performed with qualitative research. The study was approved by the institutional research ethics committee at Indonesia University. Informed written consent was obtained from all participants.

The research instruments included: (a) researchers; (b) voice recorder; (c) interview guide; (d) researcher notes; (e) field notes. During the interview, the researcher sat in front of the participants to observe the participants' expressions and nonverbal. The open-question interview lasted for about 50-70 min.

Data Collection

A facilitator accompanied the researcher to a place and time that had been agreed upon earlier, in order to build rapport with the study participant. After about 15 min, the facilitator ensured that participants understood the researcher's explanation of purpose, benefits, and research procedure. At that point, the facilitator left. After participants had filled out the informed consent, the researcher started the interview.

Results

This research identified three themes: (1) constraints exist in performing Muslim prayer as a transgender individual; (2) transgender individuals feel like men when they are praying; and (3) hospital nurses provide inadequate spiritual support.

Distribution of participants was by age, from 21 to 50 years old. Comparing the duration since HIV-positive diagnosis, two people were diagnosed less than 1 year ago, eight people between 1–5 years ago, and five people were diagnosed more than 5 years prior. Related to level of education, five individuals graduated from high school, four finished junior high school, and six finished primary school. As for work, eight participants worked in beauty shops, and four were commercial sex workers.

Theme 1: Constraints in performing Muslim prayer as transgender individuals

During worship, participants may feel *constraints*, which are perceived difficulties, helplessness, and obstacles associated with

their identities as transgender individuals. This theme can be divided into two categories: different physical conditions and social stigma by society to transgender individuals.

The category of different physical conditions is a constraint wherein the participants feel confused, uncomfortable, afraid, or embarrassed regarding their physical appearance, face, or clothing when among the congregation.

That does not allow transgender individuals to do is Friday prayers because it has changed the original form, whether they use silicon, which makes a transgender individuals cannot perform Friday praying. (P2)

Social stigma is experienced as a reprimand from the surrounding community that is directed toward the transgender person at the place of worship. Social stigma by the community toward transgender participants makes the participants prefer to worship by themselves in a closed room or place of residence rather than as members of a congregation. This sentiment was expressed by P1, P2, P3, P4, P9, P11, P12, P13, and P15.

When grooming as women, going to the mosque alone, want to perform ablution for men, "sister the place ablution is over there," they said. Want to enter the mosque alone people see me, how can I pray devoted. (P15)

We have good intention to hold a recitation but there are people who give negative comments, what is the transgender individuals that really use all for read Quran, lecturer of former transgender individuals. (P2)

Theme 2: While they are praying, the transgender individuals perceive that they are men

This theme consists of three categories: (a) back to the nature of man while they are praying, (b) desire to become a man next time, and (c) to be buried like men when they die. In this theme, the researcher gets the understanding of transgender identity on the implementation of worship. Transgender person realize that they look like women in their daily lives, but they are not in women's clothes when they are praying.

If I face the Almighty according to the original form. Yes, my real form is a man, so I use sarong. When praying, it back to its original form as man, impossible to deceive Allah, yes according to his nature. (P4)

All participants except for P3 reported feeling like men while praying. Of the 15

participants, only P3 revealed that when he prayed, he used women's prayer clothes ("mukena"). However, P3 reported that he was continually plagued by doubt:

I confused too, sister. I'm also not 100 percent steady anyway. But I live alone because I'm sure Allah omniscient . . . [Its] doubts that I see my genitals sister. Because my genitals like that, I was born man. (P3)

The second category—that in the future there is a desire to be male—was stated by P1, P2, P4, P9, and P15. Merging the participants' codes of code in the form of a desire to become a man in the future.

I'm old, I want to be transgender, I'll be wrinkled, not sold, no one wants, my old age is also already like this. Yes, I want to changed (P1).

The third category, from the merging of the participant's statement code in the form of self-awareness that when he died, he is to be treated like a male corpse, was delivered by P2, P3, P4, P9, P10, P14, and P15.

Yes, I want with the man way, I do not want to surgery genitals, therefore that's to obey the rules, so I am still thinking, I fear how I die (P10).

Theme 3: Nurses do not give nursing spiritual care in the hospital

There were 15 participants in this research. Five participants had been hospitalized and one participant accompanied her hospitalized partner. So, there were six participants who explained their experiences related to spiritual support from nurses when hospitalized

The categories from this theme are: (a) the physical needs are more important and (b) healing is more important. The category of physical needs fulfillment was mainly expressed by the participants because they considered the spiritual need to not be the main thing and thought many other needs were more important to solve.

How I never know there are nurses like that, I think the nurse just take care of patient, not get there (P9)

Category of healing was more important according to four participants: P1, P3, P7, and P9.

There's no nurse so I feel of transgender individuals are often like this, like sometimes treated like not reputed so, but yes, we try to

ignore, yes that is important we heal, it was thanksgiving Alhamdulillah (P1).

Discussion

Theme 1: Constraints in performing Muslim prayer as transgender individuals

This theme arises from two categories: the existence of different physical conditions and social stigma by the community against transgender individuals. The first category, physical condition, is different according to the Poteat (2015) study. Transgender identity deals with a unique combination of risk factors that are biological, structural, and interpersonal, and can create individual susceptibility to HIV infection. Unique combinations risk factors arise, including biological factor (e.g., use of prohibited hormones and silicone injections), individuals (e.g., need for gender assurance), interpersonal factor (e.g., high-risk male partners) and structural (e.g., discrimination, sexual violence, and population issues).⁸⁻¹⁰

Biological and interpersonal factor related to sexually behavior. Most transgender individuals are sexually anogenital and orogenital who have a high risk of transmission of HIV infection. HIV infection induce decrease immune system that facilitates opportunistic infections with clinical manifestations of oral candidiasis. The most common opportunistic fungus infection in HIV-positive transgender individuals is oral candidiasis. Oral candidiasis occurs when CD4 and T-lymphocyte counts are ≤ 200 cells / μ l.^{23,24} Oral candidiasis was reported by P1, P2, P4, P5, P7, P9, P12, P13, and P14. The use of hormones and silicone injections was reported by P3, P4, P6, P7, P9, P13, and P15.

The second category of constraint is social stigma by the community toward transgender individuals. In other studies, gay PLWH participants who are Christians stated that the loss of relationship with the church becomes a wound on PLWH, because spiritual welfare is closely related to physical and psychological well-being. The church is a spiritual environment; yet, the transgender individuals feel far from the fulfillment of spiritual needs due to the HIV stigma.²⁵

Religion is often used as an excuse to exclude transgender individuals. Transgender individuals whose loving patterns, partnering

choices, and sexual identities challenge religious norms and religious communities often find themselves at the centers of disputes. Their efforts to integrate religion, spiritual life, and sexual needs are in full conflict.²⁶ The texts or words of religion in the scriptures have been used as a means to assume that the transgender life is a sinful thing (i.e., against the will of God). Religious communities assume that it is necessary to make penalties or rules to monitor and control transgender behavior and identity; therefore, transgender individuals are thought to often foster hostilities in the context of religious and spiritual identities.²⁶

Members of the transgender community in Indonesia face social challenges.⁷ Social factors experienced by transgender individuals include face challenges when attempting to pray as members of the Muslim community and the desire to have a family.¹⁹ Difficulty in attempting to pray as members of the Muslim community was reported by P1, P2, P4, and P15. They felt a stigma when doing congregational prayers. Transgender individuals find it difficult to pray in public places because it is difficult to focus on prayer when others stare, or when other congregation members refuse to be near them during congregational prayers. As a result, transgender worshipers may have limitations in congregational prayers.

Older LGBT individuals must work together with the faith community, which can assist LGBT groups in the face of difficulties such as family demands, health issues, and age-related challenges.²⁶ Few recent studies have investigated the sociology of religion in LGBT groups. The authors of such studies tend to assume that older LGBT individuals will have a need for organized social activities or other congregational activities in order to express their religious and spiritual needs.²⁶

Participants P3, P9, P11, P14, and P15 revealed certain times of prayer when they were close to 50 years old; P14 was 50 years old and had lived as PLWH for 10 years, and P15 had been diagnosed with HIV for 12 years. Spiritual power helps PLWH as face the challenges of aging with HIV infection because of the positive spiritual impact on biopsychosocial functioning in aging.²²

Other social factors such as those expressed by Trevino et al. (2010) include

difficulty getting married.¹⁹ This sentiment is supported by statements from P2, P7, and P8 (average age, 21–27 years). Social support becomes important to transgender individuals. Social support can come from others within a community of faith, and can contribute to health and well-being and increase spiritual growth.²²

Transgender individuals are especially at risk for sexually transmitted infections and HIV-AIDS.^{9,27,28} Sexual infections have been experienced by P2, P6, and P15. Marginalization factor also causes vulnerability in transgender individuals because they are considered to have psychological social deviation.²⁰ Psychological distortion is felt by P5, P9, and P12.

The community's opposition to transgender individuals is in accordance with the journal article,⁹ which reported that transgender individuals experience discrimination, sexual violence, and population issues as reported by P2, P7, and P14. Notwithstanding the views of some religions, the term “transgender” continues to be strongly opposed by Muslim communities in Indonesia. In Indonesia, most of the population is Muslim. Islamic teachings prohibit or condemn homosexuality and identity as a member of the LGBT community. This is part of the response of some Muslims to the spotlight on Islam, especially related to gender and sexuality.²⁹ Another article says that all religions prohibit homosexual behavior. Many Muslim-majority countries have laws that criminalize homosexual and heterosexual relationships without marital ties; such countries may even impose the death penalty for transgressors.^{30,31} The religious aspect of the transgender experience states that gender identity disorder is a profound experience; it can affect the mental, interpersonal, social, and religious aspects of one's life.¹³

The transgender community is a marginalized group, so transgender individuals fight for their existence through various social strategies (e.g., organization, art, and sport). In addition, through religious activities, transgender individuals try to build a positive image. The view of people who have stereotypical transgender identities is part of street life, and people who meet at religious activities conducted for transgender individuals tend to be negative or cynical.⁷

Theme 2: While they are praying, the transgender women perceive that they are men.

The patient's experience with what is seen as God is complex and individual.³² The approach of understanding the spiritual with structural-behaviorist approach, (i.e., the behavior and practice associated with religion) is the key to the sense of connection with God. Another approach is a complex relationship with values that give meaning and purpose to life,²² which is in accordance with the expression of 14 participants that when worshipping they return back to their original natures as men.

This theme consists of three categories: (a) back to the nature of man while they are praying, (b) desire to become a man next time, and (c) to be buried like men when they die. This theme illustrates that when praying, transgender women return to their original form of man. Transgender realize that everyday looks as women are not used while performing prayer. The expression by most participants about when they are performing prayer to God is that transgender women return to the original form of the male; this is in contrast to the response by P3. Of the 15 participants, only one participant—P3—revealed worshipping prayers using mukena.

According to Cole (2009), the cross identity of transgender individuals results in unique life experiences, such as multiple identities and spiritual identities.¹² P3 perceives multiple spiritual identities and reports that praying in women's clothing (“mukena”) continues to engender a feeling of doubt.

The reason P3 uses Islamic women's clothing when praying is to feel comfortable. P3 expresses the desire to use Islamic women's clothing when praying is not trying to show other people or trying to influence other transgender women to worship prayers using mukena; participants think that this is a private matter with God. P3 expresses the comfort and confidence of using mukena when worshipping, but P3 also expresses feelings of doubt in using it. Doubts conveyed by P3 disclosed are due to seeing the physical condition of the male.

Previous studies have shown that the spiritual focus of transgender individuals lies with conflicting intersections of gender identity

encompassing love and acceptance of identity, love of religious activity, and good relationships with family and society based on religious similarities, provide the spiritual power to overcome the stigma of gender identity.³³

Even some of those who reported feeling like men while praying confessed a persistent desire to assume male gender in the future. Some of those interviewed explained that they wanted to be treated as men when they die.

Theme 3: Nurses do not give nursing spiritual care in the hospital.

Transgender individuals make up a population that is often unserved and marginalized in health services.^{8,34} Transgender individuals usually live on the margins of society, facing stigma, exclusion, violence, & ill health. They have difficulty in accessing appropriate health services, whether specific to gender needs or more general.⁵ When sickness or other important life stressors occur in a person's life, the spiritual person is likely to experience "distressing." *Spiritual distressing* can be spiritual pain, spiritual anger, and spiritual guilt. Because humans are integrated beings, physical and psychosocial signs and symptoms can appear like anxiety, or as a sign of actual disease.

Hospital nurses appear to focus on the physical needs of transgender individuals, while ignoring their spiritual needs. Spirituality must be considered in nursing practice. The spiritual and religious aspects of the patient cannot be separated from other dimensions because of the human's holistic nature. The nursing assessment should be a comprehensive evaluation.²²

The patient's experience with what is understood as the Godhead is complex and individualized. Many (nontransgender) patients receive spiritual support from nurses that helps them to achieve a sense of spiritual well-being, healing from illness, and ability to face death in peace.³³ For the nurse, understanding the patient's spirituality is essential to tackling spiritual issues with the patient.³⁵ The fulfillment of spiritual needs is a personal endeavor for nurses as well as patients.

Nurses must therefore communicate with sensitivity and empathy, with an understanding of the patient's spiritual values.³⁵ When providing spiritual care, nurses should

communicate in a manner similar to that used for discussions of physiological needs.³⁵

Participants in this study reported a lack of spiritual support services from hospital nurses. Among 15 participants, five had been hospitalized, and one had accompanied his partner to the hospital. These six participants provide insight into the experience of transgender individuals who require hospitalization.

Spiritual interventions provided by a small number of nurses included holding the patient's hands, listening to the patient's complaints, praying, and being present near the patient. An even smaller number of nurses provided therapeutic touch, religious music therapy, or opportunities for meditation, worship, fasting, spiritual counseling, or reading of scripture.³⁶ The Nursing Intervention Classification (2013) lists spiritual activities include providing privacy and quiet times to perform spiritual activities, praying with patients, and facilitating patient participation in religious activities such as meditation, prayer, and other religious rituals.³³ These interventions were never provided to the six study participants who interacted with hospital nurses. The six patients interviewed reported never having received any type of spiritual support intervention (e.g., nurses motivating patients to perform spiritual activities, nurses arranging visits from spiritual advisors). Hospital nurses did not facilitate the participation of patients in religious activities (e.g., meditation, prayer, religious rituals). P3 reported that hospital nurses also failed to help transgender patients in dealing with death.

Hospital nurses must consider the spiritual needs of patients. Nursing is a profession capable of spiritual caregiving, including efforts to facilitate the fulfillment of intrapersonal, interpersonal, and transpersonal relationships. Spiritual well-being is the affirmation of life in relationship to God, self, society, and the environment. The quality of a person's relationship with these four domains is an indication of spiritual health.²²

Conclusions

Spirituality is important for transgender PLWH because spirituality is inherent in what it means to be human. All people are spiritual beings. Transgender individuals encounter

challenges when attempting to engage in spiritual practices. Understanding one's own spirituality is critical to addressing spirituality with patients. During Muslim prayer, transgender women are perceived as men and are aware of their mistakes and sins. Transgender individuals also realize that religion and society continue to oppose their existence.

The role of nurses in spiritual care has not yet been actualized. The practice of nursing supports the fulfillment of spiritual needs. In this case, nursing is a profession capable of spiritual caregiving. There is always room or opportunity for nurses to provide spiritual guidance. A nurse may engage in spiritual talk in a professional manner. In reality, this spiritual guidance has not been provided by nurses. The hope is that nurses, in addition to meeting the basic biological, physical, and psychosocial needs of patients, will also fulfil patients' spiritual needs.

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Declaration of Interest

The authors report no conflict of interest.

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