

## THE URGENCY OF SAFE SEX NEGOTIATIONS FOR WOMEN MARRIED TO RISKY PARTNERS IN MATARAM: A FIQH AND HEALTH PERSPECTIVE

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### Abstract

*Women's attitudes when negotiating for safe sex in marital relationships can be influenced by their level of empowerment at home. The purpose of these negotiation skills is to maintain reproductive health. In Islam, the Quran highlights that during sexual interactions, husbands and wives must defend each other, uphold their honor, and provide each other with comfort, beauty, and pleasure. From a fiqh and health perspective, this study investigates the opinions of women in Mataram who are married to high-risk partners regarding safer sex negotiations. To maintain their health and safety, women have the right to regulate, choose, and direct everything in their bodies according to their wishes, free from interference, pressure, or even interference from outside. This is demonstrated by the theory of bodily autonomy. This study took a qualitative phenomenological approach. Purposive sampling was used to select five women married to high-risk partners. The study findings indicate that women's attitudes in negotiating safe sex with their partners to maintain their reproductive health are strongly influenced by their socioeconomic status, level of knowledge, and involvement in family decision-making. To achieve the sustainable development goals (SDGs) including access to sexual and reproductive health, gender equality, and women's empowerment, Islamic law balances and equalizes the rights of men and women in sexual relations*

*Sikap perempuan saat bernegosiasi untuk seks yang aman dalam hubungan pernikahan dapat dipengaruhi oleh tingkat pemberdayaan mereka di rumah. Tujuan dari keterampilan bernegosiasi ini adalah untuk menjaga kesehatan reproduksi. Dalam Islam, Al-Qur'an menyoroti bahwa selama interaksi seksual, suami dan istri harus saling membela, menjunjung tinggi kehormatan mereka, dan saling memberikan kenyamanan, keindahan, dan kesenangan. Dari sudut pandang fiqh dan kesehatan, penelitian ini menyelidiki pendapat perempuan di Mataram yang menikah dengan pasangan yang berisiko mengenai negosiasi seks yang lebih aman. Untuk menjaga kesehatan dan keselamatannya, perempuan memiliki hak untuk mengatur, memilih, dan mengarahkan segala sesuatu dalam tubuh mereka sesuai keinginan mereka, bebas dari campur tangan, tekanan, atau bahkan gangguan dari luar. Hal ini ditunjukkan oleh teori otonomi tubuh. Penelitian ini mengambil pendekatan kualitatif fenomenologis. Pengambilan sampel purposif digunakan untuk memilih 5 (lima) wanita yang menikah dengan pasangan yang berisiko. Temuan penelitian menunjukkan bahwa sikap*

perempuan dalam bernegosiasi tentang seks aman dengan pasangannya untuk menjaga kesehatan reproduksi mereka sangat dipengaruhi oleh status sosial ekonomi, tingkat pengetahuan, dan keterlibatan mereka dalam pengambilan keputusan keluarga. Untuk mencapai tujuan pembangunan berkelanjutan (SDGs) termasuk akses terhadap kesehatan seksual dan reproduksi, kesetaraan gender, dan pemberdayaan perempuan, hukum Islam menyeimbangkan dan menyetarakan hak-hak laki-laki dan perempuan dalam hubungan seksual.

**Keywords:** *Safe Sex, Married Women, Islamic Jurisprudence, Reproductive Health*



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## A. INTRODUCTION

Key to managing reproductive health is a woman's ability to negotiate with her partner regarding the terms and timing of sexual activity. According to a 2013 study by Ung et al., one of the most important factors in preventing the spread of HIV infection is the decisions women make in their households regarding safer sex negotiations.<sup>1</sup>This can be explained by the fact that sexual intercourse is a sexual activity involving partners.

In 2018, there were an estimated 1.7 million new HIV infections worldwide. Nearly half of the 37.9 million people living with HIV (PLWHA) are women.<sup>2</sup>Nearly three-quarters of all PLHIV in the Asia-Pacific region are in China, India, and Indonesia.<sup>3</sup>Young women aged 15-24 are among the groups most affected by HIV infection, with an estimated 6,000 infections each week.<sup>4</sup>According to WHO data, women and girls comprise approximately 39% of the estimated PLHIV in Southeast Asia.<sup>5</sup>Furthermore, married women are more likely to contract HIV than single women in many countries.<sup>6</sup>This shows that women are very vulnerable to contracting HIV.

In Indonesia, HIV and AIDS continue to be a serious public health problem. In 2017, there were 48,300 new cases of HIV infection, bringing the total number of cases to 280,623.<sup>7</sup>According to UNAIDS, Indonesia has an HIV incidence rate of

<sup>1</sup>Ung, M., GO Boateng, FA Armah, JA Amoyaw, I. Luginaah, and V. Kuuire. 2013. Negotiation for safer sex among married women in Cambodia: The role of women's autonomy. *Journal of Biosocial Science* 46 (1):1–17. doi:10.1017/S0021932013000151

<sup>2</sup>UNAIDS. 2019a. Global HIV & AIDS statistics - 2019 fact sheet. <https://www.unaids.org/en/resources/fact-sheet>

<sup>3</sup>UNAIDS. 2017. UNAIDS data 2017. [https://www.unaids.org/sites/default/files/media\\_asset/20170720\\_Data\\_book\\_2017\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf)

<sup>4</sup>ibid

<sup>5</sup>WHO. 2016. Progress report on HIV in the WHO South-East Asia region 2016. file:///C:/Users/edipu/Downloads/ 9789290225393-eng.pdf

<sup>6</sup>Adebayo, SB, RI Olukolade, O. Idogho, J. Anyanti, and A. Ankomah. 2013. Marital status and HIV prevalence in Nigeria: Implications for effective prevention programs for women. *Advances in Infectious Diseases* 3 (3):210–18. doi:10.4236/aid.2013.33031.

<sup>7</sup>Ministry of Health of the Republic of Indonesia. 2018. Progress report of HIV-AIDS & STIs in Indonesia

0.17 per 1000 uninfected people of all ages.<sup>8</sup> Meanwhile, NTB experienced an increase in new HIV cases from 2021 to 2022, from 136 in 2021 to 252 in 2029.<sup>9</sup> Men are believed to have twice as many cases of HIV and AIDS as women.<sup>10</sup> However, married women are particularly at risk of contracting HIV from their HIV-positive partners as they are known to contribute significantly to the number of AIDS cases in Indonesia each year, making Indonesian women one of the main populations most affected by the HIV epidemic.<sup>11</sup> A cohort study conducted in West Java revealed that the majority of women who registered for HIV services were of productive age, married, had children, and most importantly, had undergone HIV testing because their partners tested positive.<sup>12</sup> This is supported by the results of a survey conducted in Bali which revealed that 65.5% of men who purchased sex services were married.<sup>13</sup>

In Indonesia, women's vulnerability to HIV infection is largely influenced by sociocultural factors. Several Indonesian customs, including polygamy and child marriage, are believed to increase women's risk of HIV infection.<sup>14</sup> In some conservative groups, women still have low status in society and at home, despite Indonesia's rapid socio-economic development.<sup>15</sup> Their autonomy, involvement in family decision-making, and vulnerability to domestic violence may all be compromised as a result of these circumstances.<sup>16</sup> All of these have been shown to increase the risk of HIV infection in women.

Women may be less able to voice their opinions about sexual and reproductive health if patriarchal standards result in low levels of female empowerment. When women are not given enough control, society expects them to be submissive and non-aggressive at home, which can affect their feelings about standing up for their requests for safe sex in dangerous situations.<sup>17</sup> Women's empowerment can be

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STIs situation in Indonesia. Jakarta: Ministry of Health Indonesia

<sup>8</sup>UNAIDS. 2019b.

UNAIDS:

Indonesia.

<https://www.unaids.org/en/regionscountries/countries/indonesia>

<sup>9</sup>Profile of the NTB Provincial Health Office in 2022

<sup>10</sup>ibid

<sup>11</sup>ibid

<sup>12</sup>Rahmalia, A., R. Wisaksana, H. Meijerink, AR Indrati, B. Alisjahbana, N. Roeleveld, AJAM van der Ven, M. Laga, and R. van Crevel. 2015. Women with HIV in Indonesia: Are they bridging a concentrated epidemic to the wider community? *BMC Research Notes* 8 (1):757. doi:10.1186/s13104-015-1748-x.

<sup>13</sup>Wulandari, LPL, J. Kaldor, and PP Januraga. 2018. High condom use but low HIV testing uptake reported by men

who purchased sex in Bali, Indonesia. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV* 30 (10):1215–22. doi:10.1080/09540121.2018.1453920.

<sup>14</sup>Jacobowski, N. 2008. Marriage is not a safe place: Heterosexual marriage and HIV-related vulnerability in Indonesia.

Culture, Health & Sexuality 10 (1):87–97. doi:10.1080/13691050601058573

<sup>15</sup>Putra, IGNE (2019). Addressing gender inequality to improve maternal health in Indonesia: A narrative literature review. *Proceedings of International Conference on Applied Science and Health* Vol. 4. Mahidol University, Salaya, Thailand. <https://www.researchgate.net/publication/335443140>

<sup>16</sup>Nilan, P., A. Demartoto, A. Broom, and J. Germov. 2014. Indonesian men's perceptions of violence against women. *Violence Against Women* 20 (7):869–88. doi:10.1177/1077801214543383.

<sup>17</sup>Sumiati Sumiati; Rendra Khaldun, Ketahanan Rumah Tangga Warga Binaan Pemasyarakatan (WBP) pada Lembaga Pemasyarakatan Perempuan Kelas III Mataram, Fakultas Syariah IAIN Laa Roiba Bogor As-Syar'i: *Jurnal Bimbingan & Konseling Keluarga* Vol 6 No 1 (2024): □□

defined as the process by which women gain greater control and increased ability to make decisions about their circumstances.<sup>18</sup> Women having education and employment, increased participation in decision-making, and control over resources such as land, are critical to achieving sustainable development goals, including health and well-being.<sup>19</sup> According to Phan, women's empowerment can be measured in terms of women's education, women's workforce participation, and decision-making in the household.<sup>20</sup>

The notion that men (husbands) are superior to women, especially when it comes to demanding sexual relations, has been institutionalized and deeply rooted in human civilization. In civilizations that are still deeply patriarchal, this is especially true. Sexual relations immediately become an obligation for women when they become the husband's right. When her husband requests sexual relations, the wife is obligated to serve him. The hadith "If a husband calls his wife to bed and she refuses, the angels curse her until dawn" is one of many hadith attributed to the Prophet Muhammad (peace be upon him) that require a wife to never refuse sexual relations with her husband. The wife's obligation to comply with her husband's sexual demands applies to a wife who has no reason to refuse, is not fulfilling her obligations, and is not in a position where she could be endangered by threats from her husband.

Several studies that discuss sexual negotiation include the 2019 study "Women's Sexual Negotiation Spaces in Marital Rape in Jember" by Trijayanti Putri Andayani and Nurul Hidayat. This study focuses on the sexual negotiations women undergo as a result of marital rape perpetrated by their husbands. The act of a husband forcing sexual intercourse on his wife is known as marital rape, when women's rights are violated in this regard. The ideal dichotomous position of men and women in marriage forms the basis for this, and is a representation of gender status that has consequences for the subordination of sexuality to women and its division. Next is "Negotiating safer sex among married women in Ghana. Archives of Sexual Behavior" by Eric Y. Tengkorang (2012). This study shows that married women are more likely to contract HIV than single women. This study examines factors that influence married women's ability to request condom use from their sexual partners or refuse sexual activity. The findings indicate that when married women in Ghana learn that condoms help prevent HIV transmission, they are more likely to ask their husbands to use them. If their husbands refuse to use condoms,

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<sup>18</sup>Ross, K.L., YA Zereyesus, A. Shanoyan, and V. Amanor-Boadu. 2015. The health effects of women empowerment: Recent evidence from Northern Ghana. International Food and Agribusiness Management Review 18 (1):127–43.

<sup>19</sup>Partners in Population and Development. 2014. Women's empowerment and gender equality: Promoting women's empowerment for better health outcomes for women and children.<http://www.who.int/pmnch/knowledge/publications/strategybriefs/en/>.

<sup>20</sup>Phan, L. 2016. Measuring women's empowerment at household level using DHS data of four Southeast Asian countries. Social Indicators Research 126 (1):359–78. doi:10.1007/s11205-015-0876-y.

they are more likely to refuse sex. Furthermore, compared to poorer and less educated women, wealthier women are more likely to ask their husbands to use condoms or refuse sex with dangerous partners.

Based on the above discussion, it is important to examine how Islamic and health jurisprudence view married women's perspectives on negotiating safe sex with at-risk partners. This knowledge can guide policies that empower women to improve family well-being while minimizing the harmful health impacts associated with unsafe sex among married women.

## **B. METHODOLOGY**

The research method used was a qualitative method with a phenomenological approach. The phenomenological approach was chosen because it explores human consciousness and subjective experiences. The purpose of this study was to determine women's attitudes toward negotiating safer sex with at-risk partners. Five married women with at-risk partners served as informants for this study. Purposive sampling was used as the sampling strategy, and in-depth interviews were used to collect data.

## **C. SEXUAL RELATIONSHIPS FROM A FIQH PERSPECTIVE**

Sexual intercourse is a sexual activity that involves not only one person but also another person as a partner. In Islamic jurisprudence (fiqh) terminology, the word "sex" is referred to as "jima'" or "wat'u," meaning sexual intercourse. "Sex" also means "gender," something that can be seen and pointed out.<sup>21</sup> The general definition of sexual is something related to the genitals or things related to intimate relations between men and women.<sup>22</sup>

Dimensionally, sexuality is divided into several elements: biological, psychological, social, behavioral, clinical, and cultural. From a biological perspective, sexuality relates to the anatomical form of the sex organs, the accompanying biological processes and functions—such as maintaining health, functioning optimally as a reproductive organ, having sexual urges, and achieving sexual satisfaction. From a psychological perspective, sexuality is closely related to psychic elements, such as feelings, opinions, and personality, which work together with social elements. The social perspective emphasizes how sexuality manifests in interpersonal relationships, how the environment shapes perspectives on sexuality, and how an individual's sexual behavior is ultimately influenced by their environment. The cultural dimension shows how sexual behavior is embedded in a society's culture. The phrase "sexual intercourse" refers to engaging in sexual activity as a way to express sexual desire. On the other hand, the benefits or purposes of sexual activity are explained in classical Islamic scriptures. Sexual activity has two main purposes or

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<sup>21</sup>Indonesian Ministry of Education and Culture, Dictionary Compilation Team, Center for Language Development and Cultivation, Big Indonesian Dictionary, (Jakarta: Balai Pustaka, 1988), p. 890; See also JS. Badudu and Sultan Mohammad Zain, General Indonesian Dictionary, p. 1245.

<sup>22</sup>Zainun Mu'tadin, "Sexual Education for Adolescents", in <http://www.e-psikologi.com/remaja/100702.htm> Jakarta, downloaded on July 10, 2002.

benefits. First, to experience intense pleasure. Second, to produce children to ensure the continuity of the next generation.<sup>23</sup>

There are several verses and hadiths that are often used as evidence to legitimize men's arbitrary demands for sexual rights. These include verses such as Qs al-Baqarah [2]: 223, which means 30:

*"Your wives are (like) the land where you cultivate. So come to the land where you cultivate however you wish. And do (good deeds) for yourself, fear Allah and know that you will meet Him one day. And give the believers good news."*

This verse is often used as a justification for men's sexual power, even though such motives have deviated far from the context and asbab al-nuzul.<sup>24</sup> In terms of sanad and matn, many hadith are widely accepted in society without questioning their truth and authenticity. For example, a hadith from Abu Hurairah, narrated by al-Bukhaari and Muslim, states that "If a husband invites his wife to bed and she refuses, the angels will curse her until morning." The wife's obligation to fulfill her husband's sexual needs applies to a wife who has no reason to refuse, is not carrying out her obligations, and is not in a position that could endanger herself due to threats from her husband, such as sexually transmitted diseases.<sup>25</sup>

Thus, women are often forced to fulfill men's desires in the name of religion. The idea that Islam requires women to fulfill their husbands' sexual desires anytime and anywhere, regardless of their own comfort and well-being, is far worse. In Islam, sexual activity is actually described in the Quran as a divinely-given pleasure. Women have equal rights with men regarding sexual pleasure and motivation. According to the Quran, husbands and wives must defend each other, uphold their honor, and provide each other with comfort, beauty, and pleasure, including sexual pleasure. Like other biological needs inherent in humans from birth, sexual intercourse is a natural, sacred, and fundamental human need. Consequently, while sex is unavoidable, it must be managed and used in a responsible, humane, healthy, and sacred manner.

## D. ANALYSIS AND DISCUSSION

### 1. Married women's knowledge of STIs and HIV/AIDS

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<sup>23</sup>Abû Hâmid Muhammad ibn Muhammad al-Ghazâlî, *Ihyâ' 'Ulûm al-Dîn*, Juz III, p. 107 and p. 203.

<sup>24</sup>Asbâb al-Nuzûl the verse is as follows: "It was narrated by Imâm al-Bukhârî, Muslim, Abû Dâwûd, and al-Tirmidhî who came from Jâbir, that the Jews thought that if they had sex with their wives from behind to the side, their children would be born with crossed eyes. Then this verse came down. In another version from Imâm Ahmad and al-Tirmidhî from Ibn 'Abbs narrated that 'Umar came to the Messenger of Allah and said, "O Messenger of Allah, woe is me!" The Prophet asked, "What caused you harm?" He answered, "I moved it

"Sukdufku last night (having intercourse with my wife from behind)". The Prophet SAW was silent, and Qs al-Baqarah (2): 223 came down. Then he said, "Do it from the front and from behind, but avoid the anus (anus) and those who are menstruating."

<sup>25</sup>See, Ibn Hâjr al-'Asqalâni, *Fath al-Bârî*, juz IX, (t.tp, alMaktabah al-Salafiyah, n.th.), p. 294 and Wahbah al-Zuhaylî, *al-Fiqh al-Islâmi wa Adillatuh*, Juz VII, p. 335.

The informants' understanding of the definitions of STIs and HIV/AIDS showed that they were able to answer the questions well. The meaning, prevention strategies, transmission, and locations for HIV/AIDS testing are four categories that can be divided into informant responses. Every informant was aware of what HIV/AIDS means. However, some of them were unable to define HIV/AIDS adequately. The most common response given by informants was that it is a disease spread through sexual contact. According to informants, the best method to prevent the spread of HIV/AIDS is by using condoms. Unsafe sexual practices, such as changing partners without using condoms or having oral sex with an HIV-positive partner, were sources of informants' experiences of HIV transmission. According to most respondents, they had visited hospitals and health centers for STI screening, health counseling, and advice.

The direction of informants' knowledge is determined by their capacity to reflect on their observations and experiences. In sexual negotiations, knowledge is a crucial factor in regulating individual behavior. This is consistent with research by Seidu et al. (2021), which showed that women were 1.36 times more likely to negotiate safer sex if they had comprehensive information about HIV.<sup>26</sup> According to several other studies, women who do not have comprehensive knowledge about HIV or consider HIV a myth are more likely to have negative attitudes towards contraceptive use, and are less likely to negotiate for safer sex.<sup>27</sup> However, women will understand the importance of negotiating safer sex when they have comprehensive information about HIV. The counseling they receive before HIV testing may be a factor. Women receive information and guidance on the need for safe sex practices to reduce the risk of contracting HIV and other STIs during these counseling sessions.

## 2. Safe sex attitudes among married women in serving at-risk partners

The following is the informant's answer regarding her attitude when having sexual relations with her husband:

*"If your husband asks to be served, you must obey and follow his wishes, because if you refuse, it is also a sin and it is a wife's obligation to serve her husband."* Mrs. P, 40 years old, housewife.

"I know that my husband has a disease in his genitals, so when we have sex, I ask him to use a condom to avoid contracting the disease," said Mrs. A, 35 years old, Private Employee.

*"I'm afraid of contracting a disease so I want to have sex using a condom, but sometimes my husband wants to and often he doesn't, so I coax him to put on the condom orally so that my husband will still use a condom."* I, 33 years old, Private Employee

This study revealed that married women were less likely to negotiate for safer sex. This is supported by previous research showing that married women were less

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<sup>26</sup>Seidu, AA, Aboagye, RG, Okyere, J., Agbemavi, W., Akpeke, M., Budu, E., Saah, FI, Tackie, V., & Ahinkorah, BO (2021). Women's autonomy in household decision-making and safer sex negotiations in sub-Saharan Africa: An analysis of data from 27 Demographic and Health Surveys. SSM - Population Health, 14. <https://doi.org/10.1016/j.ssmph.2021.1007731.789>

<sup>27</sup>ibid

likely to negotiate for safer sex.<sup>28</sup> The idea that married women feel compelled to consent to sex with their partners at any time, even without protection. The context of sexual relations is also regulated by religion, which dictates that women should be submissive, especially within marriage. Therefore, married women are less likely to negotiate with their partners for safer sex, which increases the risk of HIV and STIs.<sup>29</sup>

### 3. Vulnerability to HIV/AIDS Transmission

The fear and vulnerability of married women to contract HIV/AIDS showed that all informants felt afraid and had a high risk of contracting various sexually transmitted diseases, including HIV/AIDS, from their partners.

*"Yes, it's definitely risky if you don't use protection/condoms, it's dangerous for me,"* said Mrs. A, 35 years old, private employee.

*"I am worried because this sexually transmitted disease is very dangerous and threatens my safety too"* D 37 years old Trader

In this study, informants felt they were at high risk of contracting sexually transmitted infections and HIV/AIDS if they did not use condoms. Previous research indicates that 87.09% of married women reported that it was normal for their husbands to use condoms for safer sex, and 12.91% reported agreeing to have unprotected sex even in risky situations.<sup>30</sup> This suggests that married Indonesian women are highly vulnerable to HIV and STIs from marital sexual activity. Women's attitudes and capacity to negotiate safe sex within marriage may be influenced by gender inequality, which also significantly impacts women's empowerment.

### 4. Benefits of safe sex negotiation for at-risk couples

From the results of the informant interviews, it was explained that the benefits obtained from negotiating safer sex were the feeling of security in not contracting sexually transmitted infections and HIV/AIDS.

*"Yes, it is definitely beneficial, because it is for the safety of yourself and your partner."* I, 33 years old, Private Employee

*"Thank God, I feel protected, because I see that sometimes my husband feels pain and a white fluid comes out that looks like pus."* M, 33 years old, housewife

A person will perceive the action as beneficial if they believe it can reduce their susceptibility to the disease and its impact on their life. Therefore, it is crucial for women to be empowered to make decisions regarding safe sex within a marriage. This finding is consistent with research from Nepal showing that married women who fully participate in household decision-making are more likely to request condom

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<sup>28</sup>De Coninck, Z., Feyissa, I.A., Ekström, A.M., & Marrone, G. (2014). Improved HIV awareness and perceived empowerment to negotiate safe sex among married women in Ethiopia between 2005 and 2011. PLoS ONE, 9(12). <https://doi.org/10.1371/journal.pone.0115453>

<sup>29</sup>Tenkorang, E.Y. (2012). Negotiating safer sex among married women in Ghana. Archives of Sexual Behavior, 41(6). <https://doi.org/10.1007/s10508-012-9960-4>

<sup>30</sup>Putra, IGNE, Dendup, T., & Januraga, PP (2021). The roles of women empowerment on attitudes for safer sex negotiations among Indonesian married women. Women and Health, 61(1). <https://doi.org/10.1080/03630242.2020.1831685>

use.<sup>31</sup> Participation in household decision-making reflects women's autonomy and power within the household. This reflects women's ability to make choices and decisions, including avoiding unsafe sex in risky situations. Furthermore, women's involvement in decision-making reduces gender imbalances in the household and minimizes the husband's role as the sole decision-maker, allowing the decision-making process to be discussed by the couple.<sup>32</sup>

### 5. The challenge of negotiating safe sex with at-risk couples

Some *informants* said that the challenge they often experience is when their husbands are unwilling to use condoms as protection.

*"My husband is sometimes disappointed and angry when I tell him to use protection because it doesn't feel good, so I follow my husband's wishes,"* said Mrs. P, 40 years old, housewife.

This study shows that women who are single mothers and do not work have lower levels of participation in decisions regarding safe sex. This finding is also supported by research conducted in sub-Saharan Africa that found that working women are more likely to negotiate safe sex than their non-working counterparts.<sup>33</sup> The results of this study are consistent with the findings of De Coninck et al. (2014) who revealed that working women are 10%-30% more likely to negotiate safe sex.<sup>34</sup> This is related to the level of financial and psychological independence that working women experience, thus increasing their potential to negotiate for safer sex.

The strategy that can be implemented by the community to prevent the transmission of STIs and HIV/AIDS to partners is the ABCDE method consisting of: A (Abstinence): Abstain from sex or not having sex for those who are not married. B (Be Faithful): Be faithful to one sexual partner (do not change partners). C (Condom): Prevent HIV transmission through sexual intercourse by using condoms. D (Drug No): Do not use drugs. E (Education): Provide education and correct information about STIs and HIV, how they are transmitted, how to prevent them, and how to treat them.

Meanwhile, the Body Autonomy Theory approach was used to analyze this study. According to Bartky, Lee, and Foucault (2003 in Ida 2005) in their work entitled Femininity and the Modernization of Patriarchal Power, they claim that "a woman's body is an ornamented surface too, and there is much discipline involved in this production as well." Because women's bodies are considered ornaments, the meaning of women's bodies is influenced by their choice of clothing and makeup application. When examining women's bodies, it is impossible to separate the defined body from its cultural environment. Patriarchal culture is a culture embraced by most Indonesians. This culture is based on the idea that the core of current social relations

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<sup>31</sup>Atteraya, M. S., Kimm, H., & Song, I. H. (2014). Women's autonomy in negotiating safer sex to prevent HIV: Findings from the 2011 Nepal Demographic and Health Survey. AIDS Education and Prevention, 26(1). <https://doi.org/10.1521/aeap.2014.26.1.1>

<sup>32</sup>Chiao, C., V. Mishra, and K. Ksobiech. 2011. Spousal communication about HIV prevention in Kenya. Journal of Health Communication 16 (10):1088–105. doi:10.1080/10810730.2011.571335.

<sup>33</sup>Ibid

<sup>34</sup>Ibid

is male standards.<sup>35</sup>The idea of bodily autonomy is also present in the study of the body. Each woman's desire and ability to create her own bodily autonomy, free from colonization by any group or person, and in the eyes of others, is a systematic and ongoing effort.

This supports Harper's assertion that a woman's ability to fully regulate and control her body is a prerequisite for her to be considered truly autonomous. Her ability to regulate her body's operations can be justified if she truly possesses that power. Therefore, Biswas echoes this sentiment, stating that female autonomy highlights each woman's capacity to take responsibility for her life, access various sources of information, and engage in various activities with her male partner in various aspects of life.<sup>36</sup>

According to Muslim feminist KH. Husein Muhammad, the concept of women's bodily autonomy is the freedom of every woman to control, choose, and direct whatever is in her body according to her wishes, free from external interference, pressure, or even restrictions. This freedom, acquired as a human being with equal status with men and women, leads to the right to bodily autonomy.<sup>37</sup>Women have the right to enjoy sexual relations as men do, even in certain circumstances such as physical and psychological obstacles that make women feel threatened, women have the right to refuse the invitation to have sexual relations.

## E. CONCLUSION

Sexual relations from an Islamic jurisprudence perspective have been extensively explained in Islam. Based on verses of the Qur'an and the Hadith of the Prophet concerning the equal rights of men and women in the context of sexual relations, it is evident that God places both in a balanced and complementary position. There are several evolving perceptions regarding several Hadith that need to be reviewed, and Islamic jurisprudence literature shows a product born of male cultural hegemony. Meanwhile, from a health perspective, the level of knowledge about STIs and HIV/AIDS, and women's participation in household decision-making significantly influence attitudes towards safe sex negotiations in marital relationships. When women's participation in decision-making related to safe sex negotiations is strengthened, sustainable development goals (SDGs) such as access to sexual health, reproductive health, gender equality, and women's empowerment will be achieved.

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<sup>35</sup>Ida, Rachmah. 2004. "The Female Body in Dangdut Dance." *Jurnal Perempuan* 41: Sexuality. Jakarta: Yayasan Jurnal Perempuan

<sup>36</sup>Biswas, Amit Kumar et al. 2017. "Women's Autonomy and Control to Exercise Reproductive Rights: A Sociological Study from Rural Bangladesh", (SAGE Open)

<sup>37</sup>Ahmad Fuad Hasan, 'Women's Bodily Autonomy in the View of KH. Husein Muhammad' (2022) Vol. 3 No. 1 Rechtenstudent Journal Faculty of Sharia UIN KHAS Jember

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