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Maintaining Harmony: How Religion and Culture are Interwoven in Managing Daily Diabetes Self-Care --Manuscript Draft--

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Abstract:	<p>The lingering culture among Javanese people cannot be separated from religion, influencing how they perceive any factors that might play a role in managing any health condition. This present study aimed in exploring the perceptions and experiences of religion and culture in performing daily self-care among Javanese Muslim with type 2 diabetes. A qualitative study with thematic content analysis method utilizing in-depth semi-structured interviews was undertaken to explore the perceptions and experiences of Javanese Muslim with diabetes managing their daily self-care activity. Convenient samples of 24 participants were selected to gain a richer understanding of self-care activity. The study identified one main theme of 'maintaining harmony' with comprised of two sub-themes: 'surrender and accept', and 'keep trying and leave the rest to Allah; a concept of tawakkal'. The first sub-theme consists of categories of: nerimo ing pandum, or accepting with sincerity, and tepo seliro, or being tolerance with others. The second sub-theme consists of three categories: being independent, social ties, and embracing Allah. The study also reveals the important of Pengajian and Persadia as social resources to enhance the capability to better self-caring the condition. Thus, it also reveals the need to further developing diabetes education programmes in collaboration with religious leaders and health professionals to promote self-care to complement religious practice: Tawakkal or 'Keep trying and leave the rest to Allah'.</p>

Response to reviewers' comments

Dear sir/madam of reviewers,

I feel grateful and appreciate for your comments on my article. Your every single comment will support me in generating a better article, not only scientifically, but also writing technic. I understand that English is not my first language, therefore, continuing learning is a must for me to keep improving my capability as an academic writer.

I do strongly put a great attention on your comment and have made adequate adjustment accordingly. However, there are also some additional information in the text that I have made as a response to your comment, as justification for my decision.

Again, I do appreciate your sincere and most helpful comment for my article which I will carry for my future career.

Best regards,

Iman Permana

Title: Maintaining Harmony: How Religion and Culture are Interwoven in Managing Daily Diabetes Self-Care

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Maintaining Harmony: How Religion and Culture are Interwoven in Managing Daily Diabetes

Self-Care

Abstract. The lingering culture among Javanese people cannot be separated from religion, influencing how they perceive any factors that might play a role in managing any health condition. This present study aimed in exploring the perceptions and experiences of religion and culture in performing daily self-care among Javanese Muslim with type 2 diabetes. A qualitative study with thematic content analysis method utilizing in-depth semi-structured interviews was undertaken to explore the perceptions and experiences of Javanese Muslim with diabetes managing their daily self-care activity. Convenient samples of 24 participants were selected to gain a richer understanding of self-care activity. The study identified one main theme of ‘maintaining harmony’ with comprised of two sub-themes: ‘surrender and accept’, and ‘keep trying and leave the rest to Allah; a concept of *tawakkal*’. The first sub-theme consists of categories of: *nerimo ing pandum*, or accepting with sincerity, and *tepo seliro*, or being tolerance with others. The second sub-theme consists of three categories: being independent, social ties, and embracing Allah. The study also reveals the important of *Pengajian* and *Persadia* as social resources to enhance the capability to better self-caring the condition. Thus, it also reveals the need to further developing diabetes education programmes in collaboration with religious leaders and health professionals to promote self-care to complement religious practice: *Tawakkal* or ‘Keep trying and leave the rest to Allah’.

Keywords: self-care, maintaining harmony, Javanese, *tawakkal*, diabetes

Introduction

The keep increasing of its prevalence has put diabetes mellitus a global concern, especially Indonesia. It is estimated the number of diabetes population in Indonesia will increase from around 2.8 million in 2007 to around 5 million in 2025 (International Diabetes Federation, 2007). Nevertheless, current data shows that the number has been outstriped two times. It is predicted the number has reached around 10 million in 2017 and estimated to be 16.7 million in 2045 (International Diabetes Federation, 2017).

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4 Diabetes mellitus is an illness with devastating complications; affecting not only physical, psychological
5 but also social aspect of a patient. Blindness, stroke, chronic kidney failure and foot ulcer leading to limb
6 amputations are among the complications that might affect the quality of life (Krentz & Bailey, 2001).
7
8 Considering the effect of complications to the well-being of the patients, it is argued that a more
9 comprehensive treatment is crucial in managing diabetes mellitus. These include awareness on good
10 dietary habit, keeping physically active, adhering to the medication, performing foot care, and self-
11 monitoring blood glucose (Toobert et al., 2000; Toljamo & Hentinen, 2001) as well as maintaining the
12 psychological well-being (IDF, 2012).
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23 The involvement of religiosity in maintaining health and well-being has been well-documented (Koenig,
24 2012). Some studies have revealed several pathways that might play a role in that involvement such as
25 social support (Koenig, 2002; Bhuyan, 2004; Newlin et al., 2008); religious belief (Koenig, 2002; Parsons
26 et al., 2006; Polzer & Miles, 2007), coping strategies (Seybold & Hill, 2001; Samuel-Hodge et al., 2002;
27 Bai et al., 2009) and religious practices (Levin & Taylor, 1997; McCullough et al., 2000; Coleman et al.,
28 2006). In an Indonesian context, ritual practices (Mardiyono et al., 2011), coping methods and how
29 people regard their relationship with God (Yuniarti et al., 2013) are considered essential in managing their
30 condition. Nevertheless, lack of adequate evidence came from Indonesia with regards of how religion and
31 culture might play a role in managing any chronic condition such as diabetes mellitus.
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44 To the majority of Muslims, Islam is considered as a ‘way of life’, which ‘*provides a social and legal*
45 *system and governs issues such as family life, law and order, ethics, dress and cleanliness, as well as*
46 *religious ritual and observance*’ (Hussain & El-Alami, 2005. p.1). Indeed, the influence of Islamic values
47 and practices are clearly evident in daily activity among the Javanese. Therefore, it is essential to
48 understand better on how Javanese Muslim with type 2 diabetes in managing their daily self-care; how
49 they perceive and experience religion and culture in daily life. Thus, achieving this new understanding
50 might shed some light and serve as a lesson learned on how to promote a better health care among similar
51 culture across the globe.
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4 **Methodology**
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7 ***Design***
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10 This study used a qualitative design with thematic content analysis as the method. It is argued that
11 *“thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and*
12 *detailed, yet complex account of data”* (Braun and Clarke, 2006. p 5). It was aimed to explore the
13 perceptions and experiences of the Javanese Muslim with type 2 diabetes mellitus on how the perceived
14 religion, spirituality and culture in managing their daily self-care; helping in exploring the meaning of
15 constructs and the interrelationships between meaning (Creswell, 1998).
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24 ***Participants of the study***
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27 Twenty-four participants from the Internal Medicine out-patient clinic of *Rumah Sakit Pembina*
28 *Kesehatan Umat Muhammadiyah* (RS PKUM) or the caretaker of the health of community hospital
29 Muhammadiyah, in Yogyakarta, Indonesia were recruited for the interviews. The following inclusion
30 criteria were employed: Muslim, over 18 years old, male and female, diagnosed with type 2 diabetes for
31 over 12 months, under the care of a consultant and being treated according to the Indonesian
32 Endocrinologist guideline or Perkeni (2011).
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42 ***Data collection***
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45 Special consideration has been taken with regard to data collection for the present study. Within Javanese
46 culture people prefer to have personal face-to-face communication as it is considered a more respectful
47 way of communicating, instead of sending the inquiry by mail. A research assistant was recruited before
48 collecting the data and trained about the research; the nature of the study, including the background and
49 aim; who are the participants; how to gain the prospective participants and how to approach them.
50 Furthermore, it was intended, in the beginning, recruiting her to support the researcher in translating and
51 explaining any language gap since she came from the same ethnical background with the participants.
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4 Nevertheless, upon data collection, the researcher could manage to establish language understanding with
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6 all participants since they could convey their messages in Bahasa Indonesia.
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10 During data collection, the researcher and the research assistant waited in the waiting room and based on
11 information from the nurse in charge would approach the prospective participants whilst they were
12 waiting to be seen by the physician or for medication in the pharmacy. Verbal consent was gained before
13 the participants completed the informed consent. A translated patient information sheet explaining the
14 present study (with the researcher's contact details) was distributed by the researcher or the assistant
15 within the waiting room at the out-patient clinic. Participants were given ample time to read the
16 information sheet or if they preferred, to listen to the explanation made by the researcher or the research
17 assistant. Then, the participants were given ample time to consider their participation or to withdraw from
18 the study. Participants would have the option to decide where and when they would partake the interview.
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29 Bahasa Indonesia was used when conducting the interviews and lasted no more than two hours.
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33 Debate still emerges whether to utilize saturation in qualitative studies (see Mason, 2010). Moreover,
34 several studies described that this procedure was originally referred to the grounded theory (see Creswell,
35 2014 and Bowen, 2008). The researcher did not consider conducting this procedure since it was not
36 mention in the thematic analysis method (see Braun and Clarke, 2006) and argued that 24 participants
37 have fulfilled the requirement for a sample in qualitative studies.
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44 *Data Analysis*

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47 The interview questions were qualitative in nature, exploring the lived experiences of managing diabetes
48 for Muslim patients through the patient's own stories. The interview transcripts were digitally recorded
49 and transcribed verbatim. Furthermore, the transcripts were analyzed using a thematic content analytical
50 method. Braun and Clarke (2006) explain 6 steps of analyzing, they are: (1) familiarizing yourself with
51 your data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and
52 naming themes, and (6) producing the report.
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4 To enhance the accuracy of the account, the researcher managed to acquire the support from the
5 supervisors to analyze the development of the themes, as a process of peer debriefing as well as
6 presenting negative or discrepancy information to gain a more comprehensive understanding of the
7 phenomenon under study (Creswell, 2014).
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10 11 12 13 14 ***Ethical Issues***

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17 Ethical approval was obtained from the University Research Ethics Committee as well as from the
18 Internal Review Board of particular hospital where the study conducted. Permission was also gained
19 from the head of the department of the diabetes clinic. Two key ethical issues needed to be considered
20 with respect to this particular study were sample recruitment and the male researcher interviewing female
21 participants. Islam has taught its followers to maintain respectful relationships between genders,
22 restricting private meetings between lone males and lone females who are not legally related (*muhrim*).
23 Therefore, all female participants were asked whether they preferred to be accompanied by a spouse or a
24 relative who could act as a chaperone. Another issue was regarding the confidentiality of the physicians
25 and participants, which has already been mentioned, was solved with the utilization of name code within
26 the excerpts.
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40 **Results**

41 42 43 ***Participants Characteristics***

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46 The majority of participants were male (58.3%) and all were Javanese and Muslim except for one
47 participant who considered himself as Kejawen, a Javanese spiritual value. He considered himself as a
48 non-practicing Muslim, but for the practicality daily administrative purposes, since all Indonesian citizens
49 has to have an identification card which includes an option of religion, he was still considered a Muslim.
50 The researcher decided to include this particular participant due to intention of the study to gain an
51 understanding of how religion and culture might influence in daily life. The age of the participants ranged
52 between 39 to 82 years old with an average of 55.5 years (SD = 11.13). Most of the participants (66.7%)
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4 came from a group of participants with no education and elementary level, the remaining came from
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6 university graduates, as provided in table 1.
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10 Table 1. Demographic characteristics of participants by age, sex, level of education and
11 occupation
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14 **Maintaining Harmony**

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18 One main theme was generated from the interview that is ‘maintaining harmony’. The theme was
19 referring to the act of surrendering and accepting to the current circumstances to achieve well-being by
20 trying to achieve balance between oneself, to the others or circumstances, and to Allah. This theme
21 composed of two sub-themes: ‘surrender and accept’ and ‘keep trying and leave the rest to Allah: a
22 concept of *tawakkal*’. These sub-themes represented a combination of cultural and religious perspective in
23 supporting harmony. See table 2.
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35 Table 2. Themes development of Maintaining Harmony
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38 The first sub-theme refers to the act of surrender and acceptance with one-self and to the others or
39 circumstances to improve their well-being. Being surrender and accepting to one-self means being patient
40 and calm down, while to the others or circumstances refers to how to deal with others and particular
41 circumstances or environment.
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48 The second sub-theme, “keep trying and leave the rest to Allah” which resembles the concept of *tawakkal*
49 in Islam, comprises of three categories, those are: being independent, social ties and embracing Allah.
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51 This sub-theme refers to the effort that participants establish to be able to self-caring their circumstances,
52 by being knowledgeable also empowered, how managing their relationship with the society might help
53 them in accepting their circumstances and surrender and accepting their final results of their effort to the
54 will of Allah.
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4 **Surrendering and accepting**
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7 The sub-theme refers to the perception of maintaining harmony by accepting current condition as a mean
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9 to cope with the circumstances. Under the discussion of this sub-theme there were several categories that
10
11 were considered essential in the effort of accepting the circumstances, those are: *nerimo ing pandum* and
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13 *tepo seliro*.
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17 ***Nerimo ing pandum***
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20 Javanese people refer the surrendering to the term of *nerimo ing pandum* or accepting with sincerity or
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22 *ingkang nerimah* or willingness (Koentjaraningrat, 1985).
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25 *'Maybe it (any events in life) was just coincidence (instead of destiny)' (11-S5)*
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28 *'Let say nerimo ing pandum (accepting with sincerity). So, nothing else. Accepting the way it is.*
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30 *If we didn't have many things to eat, just eat a little. If we had a lot, don't be too greedy.'* (77-
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32 S31)
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36 For participant 13-S6, her condition was regarded as 'natural law', something that happen for the sake of
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38 it. Therefore, she is just introspecting and accepting the diabetes.
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41 *'As far as I know.. it's like a law.. like nature law. I was thinking what was my fault, anyway? I*
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43 *introspected myself. What have I done? I haven't done anything'*
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47 Accepting a condition as something usual or normal is essential in understanding what further action will
48
49 be taken by the individuals. Maintaining this attitude is beneficial to lower the level of threat that the
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51 condition creates, described by the participants. Indeed, this served as evidence of how participants
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53 preserved harmony within their own body; an opportunity of how surrendering might help towards
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55 maintaining the level of blood glucose level.
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4 Furthermore, the participants were also addressing the notion of accepting with sincerity and by ‘slowing
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6 down’; an act of maintaining the psychological well-being.
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10 *‘Basically, according to Javanese way, everything we do we should do it slowly... don't bother to*
11 *think anything, if you get tired, so be it... after you get better then you can start to work again... I*
12 *followed it, and it would end up good’ (13-S6)*
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17 To some extent this is in accordance to psychological care as one aspect of diabetes management
18 program, which refers to managing any ‘worries related to diabetes and self-care’ (International Diabetes
19 Federation, 2012, p. 27). However, in the absence of adequate knowledge on how to do appropriate self-
20 care, the effort of maintaining the peace of mind has derailed the participants from their original
21 intentions. Indeed, this notion has served as an example of the barrier of Javanese culture on self-care.
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29 *‘No, I haven’t (known about foot care). Who will do the foot care treatment? Is it dr I? Would he*
30 *do it? My feet is dirty’ (1-A1).*
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34 *‘For me, it is the mind, the peace of mind. For food, let’s take an example that I usually eat at 11*
35 *AM, then, I can change to 12 or 1 PM. For the afternoon, I can change it later, and it will be fine.*
36 *However, the mind thinks every several minutes. Think and think all the time ... well, for me, we*
37 *shouldn’t give much part (of the effort) to the doctor.. but we also have to do more prays.’ (51-*
38 *F1)*
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45 46 **‘Teposeliro’ or being tolerance to others** 47

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49 Another way of how Javanese people maintain harmony is to establish balance with others by adopting
50 the spirit of ‘tepo seliro’ or the gesture from Javanese people in trying to place himself in someone else’s
51 position to maintain a good relationship with others (Koentjaraningrat, 1985). This study has revealed the
52 possibility of this tenet in hindering people in achieving healthcare services that they deserve, such as in a
53 consultation setting where a lot of patients are waiting for the consultation, or a free home care service.
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4 The feeling of awkwardness to let others waiting for her has prompted participant 10-I2 to keep her
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6 curiosity for herself.
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10 *'It's because.. the time with the doctor was so tight.. I mean,, I could not have a long consultation*
11 *time..I was concern of the other patients which was a lot of them waiting.. so,, in case I was*
12 *disturbing them.. that's all'*
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17 As for participant 77-S31, he would rather take care for his own foot himself, rather let the nurse did it for
18
19 him in his house, since it was free, or for participant 35-S18 who tried to respect the other by not
20
21 declining the offer in any occasion, although it was contradiction to his own condition.
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25 *'Yes I know (my rights to have a free service), since I had public health insurance. But to the*
26 *Javanese, let say, being sensitive. We would feel uncomfortable, because it is free, why bother to*
27 *ask for things' (77-S31).*
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33 *'Well, actually, if let say I was visiting someone, I would like to give him a respect, by, if I was*
34 *given something to drink, I wouldn't ask for anything else, no I wouldn't. (I would take*
35 *everything) let say if only for a sip, I'd take it. At home, I would eat anything that has been*
36 *served, though it wasn't delicious' (35-S18)*
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42 On contradictory, participant 51-F1 or 96-M9 have different circumstances that have given them a better
43
44 way to address their neighbour on the restriction they have without leaving awkward moments, since they
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46 understood that their environment already has an awareness and understanding on their condition.
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50 *'I tell them that I don't eat any sweet foods, and they will say that it is alright. No one gets*
51 *offended' (51-F1)*
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55 *'I can't resist not drinking something like... the like of sweet ice tea, coffee, etc. Sometimes, when*
56 *I visit my friend, they serve me with that kind of drink which I couldn't resist. But when I think*
57 *I've consumed too much, I ask for a glass of water as well.'* (96-M9)
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These evidences can be served as example of how *tepo seliro* can play from the other side of the relationship; the healthy people. Thus, this opens an opportunity of conducting health promotional program among healthy people with embedding it with cultural aspect of *tepo seliro* of how to pay more respect to others with certain illnesses. Moreover, for the people of diabetes, a motivational training program might benefit them in gaining more confident in maintaining their relationship with others in regards of managing their well-being, without fear of offending others.

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4 **Keep trying and leave the rest to Allah; a concept of *Tawakkal*.**
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7 The second sub-theme of ‘keep trying and leave the rest to Allah; a concept of *Tawakkal* is a religious
8 concept that underscores the need to surrender the outcome of our effort.
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12 **Being independent**
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15 This tenet refers to how participants in this study establish their understanding of their condition and
16 manage to self-care themselves. The participants show their good knowledge on how to keep their regular
17 blood check, as shown by participant 10-I2, for example. She was a retiree teacher in a senior high school
18 and now living with her daughter, grand daughter and son-in-law.
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25 *‘Usually I got checked for the fasting level first.. I was a teacher at that time,, before I went to*
26 *school, I stopped by at the hospital, got the blood drew then I went to the school, gave lectures,*
27 *got my breakfast then went to the hospital again,, drew my blood again after 2 hours,, it was what*
28 *I have done every month..’*
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35 She also shows a good knowledge of how to do self-care in preventing the complications, which she
36 received it from seminars that held by Persadia.
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40 *‘It’s been told in the seminar that if we feel like that we have to try to flex our feet, or by using*
41 *newspapers, we crawl our toes over the newspaper,, that’s how we do to keep our feet moving to*
42 *treat the symptoms..’*
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48 **Embracing Allah**
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51 Mr Makmur emphasized this tenet in his excerpt *‘It’s true that we make effort, but the result is the Allah’s*
52 *decision. So, whether the result will be good or bad, it’s Allah’s power’.*
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56 Furthermore, it was also emphasized by participant 30-K2 addressing the importance of accepting the
57 circumstances as a will from God (*kersane gusti Alloh*).
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4 *'Javanese people will say it is 'kersane gusti Allah'' (upon Allah's will) if it was being rewarded*
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7 *by God, everyone has to be surrender' (30-K2)*
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10 Similar finding in regard of cultural influence has also been shown by Naeem (2003). This study, which
11 was done among Kashmiri Muslim living in the UK, proposed that the belief of 'enjoying life' and 'leave
12 the rest to Allah', has put the participants in that study to leave the outcome of their effort to Allah.
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17 The concept of *tawakkal* can be found in Qur'an, which mentions the need to '*rely on*', or '*turn to*' Allah
18 after performing particular activity. There are several ayat in Qur'an that support the particular tenet such
19 as Surah 3 ayat 159 and surah 13 ayat 11, which emphasize the essential role of surrendering to Allah
20 after performing the action. Indeed, these ayat will act as evidences that Islam is not endorsing fatalistic
21 behaviour. However, it is the different perspective in trying to understand Qur'an's teaching that might
22 lead to the act of total surrendering (Grace et al., 2008). Nevertheless, the same notion is not exclusively
23 belonged to Muslim. Studies from other religious affiliation, which mainly from Christian reveals similar
24 notion (Pargament et al., 1998; Polzer and Miles, 2007).
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35 36 **Social Ties**

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39 This category represents the role of society, including the family and larger environment, which include
40 the role of 'pengajian' or religious gathering, and Persadia, an independent social organization for people
41 with diabetes, in influencing the participants to better self-caring their circumstances.
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47 For some respondents coming to Pengajian or religious meeting means socializing with the others, not
48 only to listen to the ustadz or teacher. Pengajian is a religious activity where an ustadz or teacher was
49 summoned to give a lecture to the society.
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54 *'They mean a lot to me. Firstly, I could meet friends, we could make fun together. They can help*
55 *me increasing our knowledge; I know what I didn't know before. So, if I couldn't come, I would*
56 *feel pity, missing my friends' (44-U1)*
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4 For participant 44-U1, the religious event might play a role in relieving her need of her own
5 circumstances, a reflection of a concept of extrinsic orientation of religion where extrinsic person uses
6 religion as status, sociability and self-justification (Holdcroft, 2006).
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11 Moreover, the close relationship among the society has proven to have a good effect on 13-S6. She felt of
12 being respected as a good person, when she found that all neighbour in the society came to see her at the
13 hospital as well as in her house, at time of the illness. She believes that if she was not good in front of
14 others, no one would ever bother to come to see her.
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21 *'Of course, I felt that I have been paid attention by the community. It meant that I wasn't a (bad*
22 *person). I am poor, and I felt I was embraced by friends, it felt good to have supports, isn't it?'*
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27 Participant 44-U1 also mentioned the close relationship among the society and utilizing *pengajian* as a
28 hub in talking about similar condition that they shared. For participant 95-E2 *pengajian* can also provide
29 her with knowledge in daily life. Indeed, this can be served as an example of utilizing *pengajian* as a
30 social hub in maintaining well-being.
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37 *'Yes, we frequently talked about that (health topics),, this and that, they said 'don't let*
38 *hemodialysis get us', this and that. My friends were used to chat like that' (44-U1)*
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42 *'Sometime we invite teacher, or we just have the internal members, like the lecturer from the*
43 *university, to share their knowledge. Usually, when the lecturer brings the topic on health,*
44 *including how to serve the food. They said besides the cleanliness, the food we eat should also*
45 *be.. I forgot. Then, about the environment, also about the cattles. They were all from the UGM.*
46 *Meanwhile, the other lecturer usually discusses the problem of the recent lifestyle, teenagers,*
47 *how to teach children..'* (95-E2)
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57 Another supporting factor from social aspect was the existence of Persatuan Diabetes Indonesia
58 (Persadia) or Diabetes Association of Indonesian, is a non-governmental organization aimed in
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4 establishing a place where people with diabetes along with healthcare professionals and other similar-
5 interested party can find a place together in enhancing the skill and knowledge in managing diabetes
6 (SSDC, 2013). Current study has shown the importance of *Persadia* in enhancing capacity and capability
7 in maintaining daily self-care as well as providing more access to healthcare. *Persadia* is considered as a
8 place where the members can achieve all type of social support (House in Heaney & Israel, 2008).
9 Emotional and appraisal support are provided through the interaction between members, as what
10 participant 57-W2 said *'And after I join the club, I met a lot of new friends of fellow diabetic. It felt*
11 *relieving some of my stress as well. After being checked, we sometimes were teasing each other how high*
12 *we got but we still live normally. It is so much fun with friends'*. Moreover, members are suggested to
13 *'keep the stress down'*, as mentioned by participant 57-W2, which is in line with the tenet of keeping the
14 peace of mind that several other participants mentioned in regards of how Javanese people tend to do in
15 encountering any hardships.
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32 Psychological support can also be gained by having time together with other members; sharing happiness.
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34 Psychological management is considered as one tenet in managing diabetes, as mentioned in the
35 guidelines (Perkeni, 2011). A study that employed a meta-analysis approach has found the association
36 between depression and the development of complications through less physical activity, unhealthy
37 diet and lower adherence to medication (de Groot et al., 2001; Lin et al., 2004).
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44 Instrumental support can be achieved through the provision of blood sugar check in weekly and
45 educational program every bi or three-monthly basis.
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49 *'Yes, from the PKU. They did it often ...gave us the information...It is exclusive to Persadia club.*
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51 *They 54 held several activities to certain place, exercising, and lunch, after that they give you*
52 *instructions, you can ask anything relating to your illness, your complaint, and medications.*
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54 *Doctor Irfan likes to share some thoughts' (57-W2)*
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4 Moreover, peer can be served as sources of information for some participants, instead of the HCP.
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6 Although, the information is not always necessarily correct. Participant 66-A5 underscores the important
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8 role of *Persadia* in enhancing knowledge by mentioning everyone who are not the member will get ‘*got*
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10 *stuck there*’; referring to a condition of unaware of what to do due to the lack of knowledge. However, as
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12 this study further found, the existence of *Persadia* has not been disseminated in a wider population of
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14 people with diabetes. Several participants in this study underline the unawareness of particular program.
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16 Therefore, the suggestion to offer the engagement with *Persadia* by the HCP can be put as a standard
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18 procedure to every people with diabetes.
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23 Family has been serving as a determinant factor to self-care among the participants in this study. The
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25 strong relation between parents and children, or between husband and wife and vice versa, among
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27 Javanese people has made a sense of dependency from the one who is suffering from this condition in this
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29 case, to their children or spouse. Example varied from relying to the daughter for her dietary management
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31 to support participant 1-A1, or his wife for 30-K2, to the feeling of taking responsibility to take care on
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33 her grandchildren in the morning, which hinders participant 8-T1 from doing walking in the morning. On
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35 one hand, it can be served as example of how Javanese people maintain their close relationship among the
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37 member of the family, especially to the parents, since they believe that to have conflicts with the parents
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39 will hinder them from the blessings in life, which will lead to a threat in the child’s life (Geertz, 1995).
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41 On the other hand, it also serves as an example of how people tend to relinquish the responsibility of
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43 managing their own self-care activity to others; evidences of external locus of control. In addition, for
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45 participant 96-M9, a good family can serve as a good psychological support for him. To have a good
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47 behaviour and staying-out-of-the-trouble daughter means a peace of mind since he does not have anything
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49 to worry, in respect to any criminal event. Furthermore, he quotes an ayat from Qur’an in regards of the
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51 need to have a good kin; “and they who say: O our Lord! Grant us in our wives and our offspring the joy
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53 of our eyes, and make us guides to those who guard (against evil)” (*The Qur'an*, 2012).
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Limitations of the study

The limitations of the study came from the lack of the information from the other side of the topic, such as the health care professional, to gain a more comprehensive sound from the medical aspects, also from the Muslim cleric for the Islamic values and practices aspect. The data from HCP in regards of the current practice of self-care is needed to make a balanced opinion in trying to gain a wider and richer understanding from the other side of the research. As well as to know what the barriers and opportunities are, and the determinant factors that have played into role. Similarly, the information from Muslim cleric is also important in explaining more about how in Islamic's view Muslim has to see and apprehend their own effort in maintaining well-being.

Conclusion

This study has successfully reached the aim of gaining the perception of Javanese Muslim in maintaining their self-care management in daily life. Among Javanese Muslims, maintaining harmony is important in improving their well-being. Through surrendering and accepting the circumstances they establish the relationship with one-self, the others and Allah to achieve a better condition for them, not only physically also psychologically.

Current study has shown the interwoven dynamic between religious concept and culture among the participants. Social support from family, *Pengajian* and *Persadia* have been playing a significant role in enhancing knowledge as well as capability in diabetes management among the participants.

It is believed that Allah has a paramount role in life among the participants, which might lead them into various way of achieving well-being; fatalistic or *tawakkal*, a concept of keep trying and leave the outcome to Allah. There are several determinant factors that might play into role such as socio-economical status, self-agency as well as structural aspect. Thus, it is believed that those aspects might act as barrier to self-care, on one hand. On the other hand, they also open opportunities to a better self-care management, not only in personal scope, but also in a wider society, with the involvement of the political

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4 will from the authority. Therefore, the need to establish a collaborative role of a Muslim clerk into
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6 diabetes self-care education program might serve as an option to develop a more comprehensive way of
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8 delivering the educational program.
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Table1. Characteristics of participants by age, sex, level of education and occupation

Participants	Sex (F/M)	Age	Level of education	Occupation
1-A1	F	77	Senior high	House wife
8-T1	F	58	Elementary	House wife
10-I2	F	71	Senior high	House wife
11-S5	F	50	Elementary	House wife
13-S6	F	46	No education	Business owner
19-S9	F	60	Undergrad	Pensioner
20-S10	F	62	Undergrad	Pensioner
30-K2	M	82	Senior high	Pensioner
31-S14	F	45	Senior high	Employee
35-S18	M	63	Undergrad	Pensioner
40-M4	F	60	Undergrad	Business owner
44-U1	F	57	Junior high	House wife
49-S23	F	47	Undergrad	Employee
50-S24	M	48	Elementary	Labour
51-F1	M	39	Senior high	Employee
54-U2	F	56	Senior high	Business owner
57-W2	F	57	Senior high	House wife
66-A5	M	56	Undergrad	Business owner
67-A6	M	42	Undergrad	Business owner
77-S31	M	64	Elementary	Labour
81-S32	M	47	Senior high	Employee
91-S34	M	48	Undergrad	Civil servant
95-E2	F	39	Senior high	Employee
96-M9	M	58	Senior high	Business owner

Table 2. Themes Development of Maintaining Harmony

Theme	Maintaining harmony				
Sub-themes	Surrendering and accepting		Keep trying and leave the rest to Allah		
Categories	<i>Nerimo ing pandum</i>	<i>Tepo seliro</i>	Being independent	Social ties	Embracing Allah