

The Social Development Dimension Of The Nursing Profession In Managing HIV Cases

Sri Wahyuni

ABSTRACT: In this study, the researcher attempted to understand and explain to explore the social development dimension of the nurse professions in managing HIV cases. Specifically the study sought to answer the following questions 1) what is the profile of the key informants with regards to HIV Patients (age, gender, education and socio economics status), Nurses (age, gender, no of years of work experiences specific to HIV), social workers (age, gender and no of years of work experiences specific to HIV). 2) What are "lived experiences" of key informants on social development dimension of the helping process: HIV patients; Nurses; and Social Workers? 3) What social development model can be designed in managing HIV cases? 4) What policy recommendations can be developed pertaining to development dimension in managing HIV cases. This study utilized qualitative approach. The phenomenology was used to explore and describe HIV patients through their "lived experiences" in a selected rehabilitation center in Sukabumi, West Java, Indonesia, the nurses and social workers. The approach developed an understanding of the experiences as perceived by the key informants. Qualitative research aims to collect a deep understanding of human behavior. Survey checklists, In-depth interviews, repertory grid, and dendogram were utilized in the data gathering procedure, data presentations and data analyses. The informants of this study were focused on nurses, social workers and HIV Patients in the rehabilitation center, the Directorate General for Social Rehabilitation Social Ministries of the Republic of Indonesia, the school nurses, Ministry of Health, Community Health Centers that carry out community health care program-specific examination of VCT. Generally, the findings of the research conducted by qualitative research methods in a statement obtained significant categories and themes that emerged is significant for the statement is feeling sad, angry when patients get HIV diagnosis, the process of studying health, public health programs, how the role of each profession respectively, how should manage patients with HIV and the need for collaboration. The theme explored is the experience, moral development, to guide patients, friendship and trust, hope in treating patients with HIV and cooperation. Patients with HIV need support and encouragement not only a health problem but how to increase motivation to maintain the quality of life in the community by building a spiritual dimension, the ability to be independent in terms of the economy, and the ability to experience stigma discrimination to be faced by those in the community. Conclusions of this study were professional social workers and nurses are in the process of rehabilitation is a profession that is very influential. In this case the need for complementary capabilities in handling patients. Nurses must improve its ability to not only take care of the physical dimension but it required the ability to develop the social, psychological and spiritual patient. Vice versa a social worker who controls the social dimension of the patient's need to improve on the physical dimensions of the issue of the patient's health. It needs to be improved by structuring the task and program development cooperation profess. The researches gave recommendations: 1) develop the social, psychological and spiritual by increasing the values of life as a nurse who works with the basic devotion to God and develop therapeutic communication skills. Providing training to the nurses in the workplace, respectively, by the method of practice in improving therapeutic communication capabilities, make the procedure nursing care that explore the ability of communication therapeutic on the patient. 2) Improve the capability of knowledge in health by provide training to workers in the workplace each with its own methods of practice in improving the ability of HIV-disease control and how to maintain the health of patients after exposed to HIV disease. Make work procedures containing the capabilities of the exploration efforts in the workplace. 3) Evaluate curriculum and exploration in all human dimensions: physical, social, spiritual and psychological in practice method. 4) Develop healthy behaviors, be autonomous and joint the NGOs through the creation of rehabilitation centers for alumni organizations and online. Make the manual effort to build a good health behavior, an ongoing program of communication with friends and Rehabilitation Center Manager. 5) Organize training development and make procedure for harmonization among the professions in program and procedure. 6).Socialization program and synergy program Public Health Care with other Department programs.

Index Term: *At-Tawadzuun* (Balance), HIV Cases, Holistic Care, Nursing Profession, Phenomenology, Social Development Dimention, Synergy.

1. Introduction

Various types of diseases (infectious and not contagious) are already developing in our environment. There is a disease that develops in an area endemic for that disease and has been developing in the environment. There is also developing new types of diseases (emerging) in our environment caused by increasing human mobility due to advances in transportation and communication technologies that have an impact on the spread of disease agents to different parts of the world such as SARS, Bird Flu and HIV. The disease is becoming a new threat for the health of the people in our society because of the hazardous factors (environment and society attitude) as the impact of globalization. Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms and infections (or syndrome) arising due to the destruction of the human immune system caused by infection with the HIV virus. Virus infection or other similar viruses attack other species (SIV, FIV CAN, and others). The virus itself is named the Human Immunodeficiency Virus (or HIV) is a virus that weakens the immunity in the human body. People affected by this virus will become vulnerable to opportunistic infections or easily affected by the tumor. Despite existing treatments it can still slow the pace of development of this

disease, but the virus has not really been cured. (Achsan Muchlis, 2013) HIV and other viruses are commonly transmitted through direct contact between the layers of the skin (mucous membranes) or blood flow, with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk. Transmission may occur through intercourse (vaginal, anal or oral), transfused blood, contaminated syringes, between mother and infant during pregnancy, childbirth, or breastfeeding, as well as any other form of contact with the body fluids. When AIDS was discovered in 1981, the domain feature was silence for human immune virus was still unknown and the transmissiion was accompanied by signs and symptoms not enough to notice. The UNAIDS (United Nations Programme on HIV/AIDS) estimates that about 40 million people are infected with HIV and 3 Million have died in the year 2001 alone. According to Joint Nations Programme on HIV/AIDS (UNAIDS, 2004) approximately half a million Asians died of AIDS in 2003 more than twice as many became newly infected with HIV and 7,4 million living with HIV/AIDS (TREAT Asia Report, 2004). The last UNAIDS, said that the level of the HIV epidemic in Asia is stable from 2001-2009, the level of deployment in India, Nepal and Thailand decreased by more than 25 percent while in Bangladesh and the Philippines rose propagation rate of more than 25%

(VOA, 2013) Indonesia is fortunate that HIV has not yet reached such a condition which occurs in Africa and some South East Asian countries but disease progression is not that seriously noteworthy. According to the latest data from the Directorate General of Contagious Disease Prevention Indonesian Ministry of Health 2012, the number of cases of HIV/AIDS in Indonesia in 2012 was 22,511 and AIDS Sufferers are as much as 5,686. The accumulated cases of HIV and AIDS since 1987-2012 was as much as 98,390, there are as many as 48,833 people with AIDS and AIDS sufferers and 45,235 as much mortality rate due to AIDS and 8,235 people (Indonesian Ministry of Health, 2011).

2. LITERATURE REVIEW

The concept of social development is a process of planned social change designed to improve people's lives, where construction is carried out as a complementary process of economic development. Edi (2010) defines it as a social development approach to development aimed at improving the quality of human life that meets human needs ranging from social, economic, political, cultural and physical needs. In Indonesia, the importance of the role of the State in establishing and implementing public policy in the field of public welfare is based on a historical perspective, by ideological, global, universal and logical (Suharto, 2008). Historically, the founder of the chosen model of the state welfare in protecting all Nations, promote the general welfare and the intellectual life of the nation. Ideologically, "sila-sila pancasila" is Indonesia's longing for social justice for all its citizens. Indonesia is a country with a population of more than two hundred and fifty million people, in poverty, ignorance and neglect situations. Universally, there is no system of Government in the world that doesn't give a role to the country for undertaking the development of social welfare, (Rahmatullah, 2013). In the constitution of Indonesia, there are parts of the country showing that Indonesia provides huge attention on social development. In the 1945 constitution (UUD 1945), the country's objectives consist of: protection of all the Indonesian people to advance the general welfare, the intellectual life of the nation, and to carry out world order based on freedom, eternal peace and social justice. In addition to chapter IX of the constitution, the economy and social welfare system was stated. This shows that Indonesia's economy-oriented systems, siding with the people lead to social welfare. According to Midgley (1995), social development has three major strategies, namely:

1. Social development by individuals, also known as individualist approach. The roots of its ideology is liberal or individualists, where the ideology of stressing on the importance of individual freedom to choose. This approach is being promoted through improved social functioning of the individual and interpersonal relationships. In this strategy, the individuals in society are enabled to form self help to empower communities.
2. Social development by the community, also known as the communitarian approach. This communitarian approach is influenced strongly by populist ideologies. This strategy believes that the community has the ability to ensure that their basic needs are met, their social problems are resolved, and a chance to advance. To achieve this, the community needs to

cooperate through the development of their local communities.

3. Social development by the government known as the static approach. The static approach is based on the ideology of socialism or collectivism which stresses the importance of collectiveness. This collection was built from community associations that have the resources collectively and divide the authority to make decisions. Through these strategies, social development is undertaken by institutions or organisations within the government in addition to the participation of individuals and communities; the government also has a responsibility to ensure that social development policies are implemented and whether social and economic policies are aligned.

The national development plan drawn up by the National Planning Board (2000), in the field of social development the goal is to realize the people's welfare, which is characterized by increasing the quality of life to that of a decent and dignified one as well as giving the main attention on the basic fulfillment. General objectives will be accomplished as life expectancy age increases, the decrease in the rate of population growth, declining birthrate, declining crude death rate, the increasing social and cultural resilience, increasing the position and role of women, the increased active participation of youth, as well as the increasing acculturation and sports achievements. To achieve these goals and objectives, the government has implemented various policies and development programs in the fields of social and cultural dimensions. Therefore the problem of healthy and diseased determinants is bio-psycho-social-cultural and ecological (Glaser, 1970). With regard to the dimensions of social development in the health field, especially on HIV requires more comprehensive approach. Social welfare is a system that includes programs and services that help people in order to meet the needs of social, economic, education and health are fundamental for maintaining community, (Zastrow, 2000). Additionally, Schneiderman (1972) suggests three main objectives of the social welfare system and to some degree reflected in all social welfare programs, namely the maintenance of the system, surveillance system, and changes to the system. According to Watson (1989), the disease may well be resolved with treatment efforts, but without treatment, the disease will remain healthy and the condition will not be achieved. Caring is the essence of nursing and social worker who have the meaning of response between nurse and patient. Caring can help a person to be more controlled; more have knowledge and can improve health. The Holistic Learning Model (Dawson, 2011) provides a framework to understand learning and behaviour. The model defines six key variables for learning; Attention, Motivation, Emotion, Memory, Physiology & Environment, with their individual determinants extruded. These variables exhibit a multitude of interactions which occur both simultaneously and continuously. This is represented at the heart of the model as integral influence. According to Salvucci (2005) this space raises the possibility of a big challenge in understanding, on the one hand, the system of man's amazing capacity for multitasking and, on the other hand, sometimes the weight limitations on multitasking performance. Very important to

understand the role of multitasking in modern societies, both in setting legal limits to multitasking in cases in which it leads to unacceptable risks, or designing a work situation in which productivity is supported or security is maintained. Indonesia is a country which has a Muslim majority, the number of adherents of Islam in Indonesia is the number of adherents of Islam in the world. Muslims have the Scriptures which are Al Quran, Quran is Scripture that is given by Allah to the Prophet Muhammad to the whole human race, in the Quran, God teaches unity, say hello to reason and human feelings, to cleanse the human things that bring good and benefit in individual life and social man, guiding man on the sublime religions, developing a personality of man toward human perfection, realize the happiness of the world and the hereafter (Aminah, Nina, 2013).

3. METHODOLOGY

This study made use of qualitative approach. The phenomenology was used to explore and describe HIV patients through their "lived experiences" in a selected rehabilitation center in Sukabumi, West Java, Indonesia, the nurses and social workers. The approach developed an understanding of the experiences as perceived by the key informants (Macnee, 2008). Polit (2008) stated that the tradition of hermeneutics research used life experiences as a tool to better understand the context of the social, cultural, political, or historical where experiences happened. Qualitative research aims to collect a deep understanding of human behavior. Qualitative research involves "researchers as an instrument", where researchers are the main tool for data collection. Phenomenology will be used to explore everyday life experiences of the key informants (Macnee, 2008). For the current study, the researcher took several methods of data retrieval, each of which will have tools to capture data (instrument). The results of this research were believed to be trustworthy or deserving of trust. Although qualitative research is often considered as purely subjective, it still underwent validation. In this study researcher performed validation by using the process by which the guidelines were validated by experts. Since the people involved in this study, in particular the process of data capture for HIV patients, planning research activities were shown to the chairman of the rehabilitation center to ensure that the informants were treated in a fair and ethical in all things. To start the study, the researchers consulted with psychologists, health officer and the head of the program to ensure that all methods and procedures used ascertained in the ethical rules of the informant.

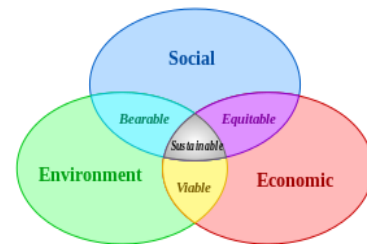
4. RESULT

In accordance with the planning, the study was conducted at the rehabilitation center: "Phala Marta" located at JL.Perintis Kemerdekaan no. 130 Cibadak, Sukabumi, West Java. These rehabilitation center is a place that made efforts to recover and develop aspects of physical, psychological, spiritual, and social relationships as well as vocational to empowerment HIV patients to be able to carry out their social functions in the family environment and community. The concept of social development is a process of planned social change designed to improve people's lives, where construction is carried out as a complementary process of economic development. Edi (2010) defines it as

a social development approach to development aimed at improving the quality of human life that meets human needs ranging from social, economic, political, cultural and physical needs. This can be seen in the model below:

Figure 1: Dimensions of Social Development (Source: Edi, 2010)

Social development should be oriented on the principles of social justice rather than economic growth. According to Edi (2010), social development is not only focused on the economic aspects of progress but in the development of social programs that have become the center of certain needs, which include education, health, employment, housing, and poverty reduction. The concept of at-the original tawazuun is contained in the image below:



At - tawazuun/Balance

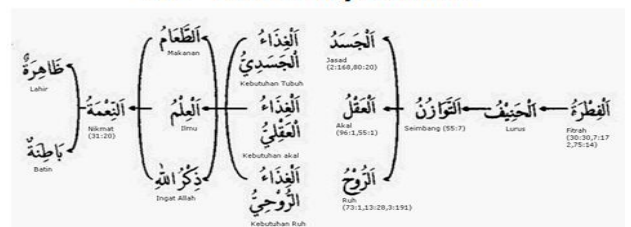


Figure 3: Concept Theory At-tawazuun (Al Quran)

Below are the theories presented in schema form and their respective proponents.

**Table 1
Theoretical Framework for the Social Development Dimension for Nursing Profession in Managing HIV Cases**

N	Theory	Explanation of the Theory
1	Health Theory (WHO 1946)	Health is a state of complete physical, mental and social being and not merely the absence of disease of infinity.
2	Human Needs Theory (Johnson, 1994)	Human needs are those resources people need to survive as individual and to function appropriately in their society
3	Caring Theory (Brooker, 1989)	Caring is the essence of nursing soul
4	Holistic learning Theory (Dawson, 2011)	A framework to understand learning and behavior
5	Multitasking Theory (Salvucci. D.D, 2005)	The ability to manage and receive multiple tasks simultaneously
6	At-Tawazuun Theory (Al- Quran)	The role of human needs to realize the necessity of fulfilling the needs of the spirit, mind and body according to the guidance of God. Islamic concept of care as health.

5. Conceptual Framework

The conceptual framework of this study is shown in the model below.

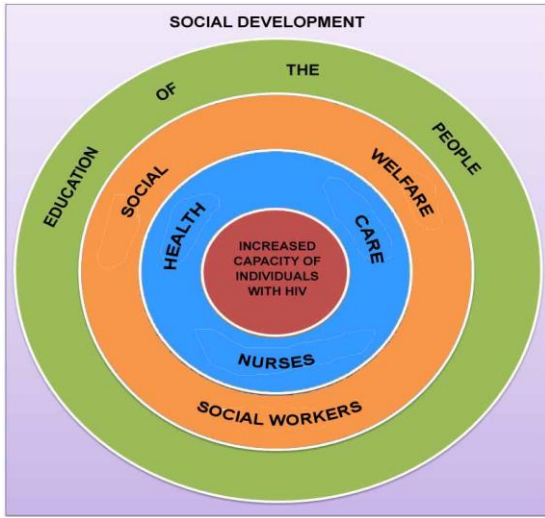


Figure 4: Conceptual Framework

The Social Development Dimension for Nursing Professions in managing HIV cases

Social development is basically done to improve human life through efforts to lift mankind from underdevelopment toward prosperity. Social development aims to increase the capacity of individuals and their institutions, mobilize and manage resources in order to generate sustained and equitable improvement in the quality of life in accordance with their own aspirations in order to achieve better results and achieve social justice.

6. Research Paradigm

This is the research paradigm of this study.

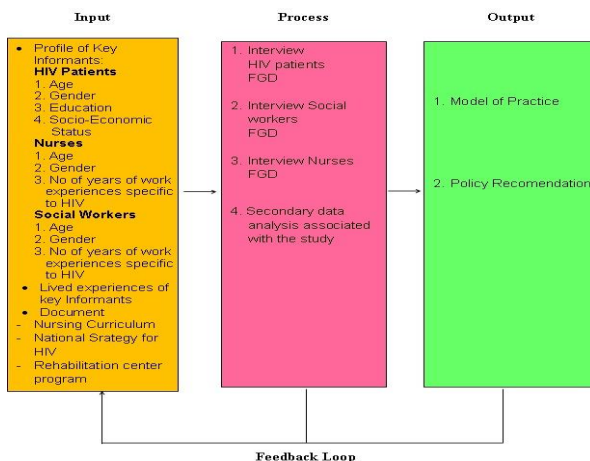


Figure 5: Research Paradigm

The **Inputs**, according to Adams (2007) are what we give or put into our work. It refers to anything that comes into the system from the environment. In this study, the profile of the key informants, HIV patients, nurses and social workers. It includes a description of the Nursing Curriculum, National

Strategy for HIV and The rehabilitation Center Program. The **Process** is a procedure in conducting the research. In this study interview guides and a focus group discussion guide were utilized to draw out the “lived experiences” of the key informants and Secondary data analysis. The **Output** or result in presented through building a model of practice, and policy recommendations. The **Feedback Loop** is the process in which information about the part and present informants in the same phenomenon. It is a process that can be used to evaluate, monitor system and to guide it more to effective performance. When the result is good, the process must be continued, if not, it must be improved. In this study, there are data that do not correspond to the above theory, namely economic and social levels in accordance with the level of education. In this study there are data that did not fit the number of patients who are at high economic with patients, who are highly educated. Having analyzed data, there are patients who come from high economic level, drug user, but did not finish education.

Table 4
Profile of Nurses

Nurses	Category	f	Percentage
Age	< 20 years	0	0 %
	20 – 30 years	2	66.67 %
	>30 years	1	33.33 %
Total		3	100 %
Gender	Male	0	0 %
	Female	3	100 %
Total		3	100 %
No. of years experience	≤ 2 years	2	66.67 %
	2,1 – 5 years	1	33.33 %
	≥ 5 years	0	0 %
Total		3	100 %

From the above data, the presence of the nurse group distribution can be associated with this qualitative research. The first is the spread group of informants from the age group showed age groups between 20 – 30 years, 66.67%. The table also showed the gender that 100% are woman and at the time they working in the rehabilitation center. Those with 2 years experience were 66.67%. Age is an important consideration in the development of knowledge and competencies. Age reflect the person’s maturity, (Kozier 2008). Maturity is defined as a state of maximal function or the state of being. In addition to this, critical thinking develops overtime as a person increases in age. Work experience is the process of the formation of the knowledge or skill of a method of work of the employees due to the involvement in the performance of job duties. Work experience is the knowledge or skills that have been known and controlled by a person who as a result of any act or the work that has been done for quite some time (Manulang, 1984).

Table 5
Profile of Social Workers

Social Workers	Category	f	Percentage
Age	< 20 years	0	0 %
	20 – 30 years	0	0 %
	>30 years	3	100 %
Total		3	100 %
Gender	Male	2	66.67 %
	Female	1	33.33 %
Total		3	100 %
No. of years experience	< 2 years	0	0 %
	2,1 – 5 years	1	33.33 %
	≥ 5years	2	66.67 %
Total		3	100 %

The above data, shows the presence of a social worker distribution associated with the results of this qualitative research. The first is the spread group of informants from the social worker from the age showed > 30 years age group is 100%. This indicates that the gender distribution of social workers at rehabilitation center is, majority of men is 66.67%, and at the time they are working in the rehabilitation center. There is a majority group in the distribution >5 i.e. 66.67%. Mature individuals are flexible, can adapt to change, make decision and accept full responsibility for the decision made, (Potter & Perry, 2009). Sex is the gender difference determined biologically, physically attached to each gender, male and female. In this study there are 2 males, 66.67 % and female, 33.33%.

6.1. Lived experiences of key informants at the rehabilitation center HIV patients when and how the disease was acquired

HIV disease is a disease that until recently could not be cured. The other stigma that became a burden for HIV patients is the stigma in society they would receive related view of the public that the disease is caused by a problem of social norms violations committed by patients. Things became one of the patient's status as a barrier to the general public. The following answers were offered by the HIV patients

- HP1** *"Sejak februari 2013, saya tertular karena sering ganti pasangan."*
"Since February 2013, I acquired it by changing mates."
- HP2** *"Saya terkena penyakit ini sejak 2007, saya pengguna narkoba."*
"I had it since 2007. I was a drug user."
- HP3** *"Saya dapat gejala sejak 2007, saya pemakai narkoba"*
"I had symptoms since 2007. I am a drug user."
- HP4** *"Sejak 2011, tidak jelas saya dapat penyakit ini dari mana, saya pemandu wisata."*
"Since 2011, it is not clear when I got the disease. I worked as a tour guide."
- HP5** *"Sejak 2010, saya pekerja seks komersial."*
"Since 2010, I was a sex worker."

Social development aims to increase the capacity of individuals and their institutions, mobilize and manage resources in order to generate sustained and equitable improvement in the quality of life in accordance with their own aspirations in order to achieve better results and achieve social justice. HIV/AIDS patients at least take the form of support from the social environment. Dimensions of social support consist for HIV patients are the following: emotional support, includes; feeling comfortable, appreciated, loved, and cared for; cognitive support, includes information, knowledge and advice; materials support, includes assistance/service in addressing a problem, (Nursalam, 2007)

6.2. Sufficiency in food, clothing

Health is the extent to which an individual or group is able to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen of the resource for everyday life, not the objective of living. Health is the positive concept emphasizing social and personal resource, as well as physical capacities.

- HP1** *"Tidak ada masalah dalam kecukupan makanan dan pakaian, keluarga saya menyiapkan."*
"No problem in sufficiently to food/clothing. My family provides this. "
- HP2** *"Sebelum saya dapat penyakit ini, saya memenuhi kebutuhan saya."*
"Before I got it, I can fulfill my needs."
- HP3** *"Saya saat ini bergantung pada keluarga saya."*
"I currently rely on my family."
- HP4** *"Ada kekurangan karena saya tidak bisa bekerja dan aku butuh uang."*
"There is shortage because I can't work and I need money."
- HP5** *"Makanan yang terbatas dan pakaian. Adikku meninggalkan saya."*

"Limited food and clothing. My brother abandoned me." Human needs are those resources people need to survive as individual and to function appropriately in their society. No definitive list of needs can be given, (Johnson, 1994). The role of the family in healthy behaviors can be explained in two perspective, namely family system perspective and family development perspectives expressed by Lees, 2004. In family systems theory, healthy behaviour is obtained by forming a social system in which each member of the family formed a bond with, achieve a goal (a healthy body condition), and manage the balance (maintain a healthy condition). In the theory of the development of the family, healthy behaviours are obtained through a stage of life tasks within a family. The self accepting person has a realistic appraisal of his resources combined with appreciation of his worth: assurance about standards and conviction of his own without being a slave to the opinions of the others; and realistic assement of limitation without irrational self reproach. Self accepting people recognise this assets and are free to draw upon them even if the are not all that could be desired. They also recognize their short comings without needlessly blaming themselves, (Jersild, Hurlock 1974 & Hati, 2007)

6.3. Expectation of government in dealing with HIV patient

When asked about their expectation of government in dealing with HIV patients: "Handling the HIV program needs collaboration between the Ministry of Health and Social Welfare." (NS1) "Program does not work alone." (SW1) "There are joint activities between the Ministry of Health and Social Welfare." (SW2) "It possible when we get out, I will find it hard to get medicines." (HP1) "There should be coordination between the Ministry of Health and Social Welfare." (HP2).

7. CONCLUSIONS

This study of the social dimension development of the nurse profession in managing HIV cases, by conducting a study and analysis of multiple viewpoints. The first is from HIV patients to be able to determine the condition and expectation that they need from nurses and social workers in the process of their survival after exposure to HIV disease. Furthermore, from the viewpoint of the similarity of duties and responsibilities of professional nurses and social workers are required patient and understood by each profession. The study was conducted at a rehabilitation center run by the department of social participation in the HIV patients with the aim to restore and develop the physical, psychological, spiritual, vocational and social relations of people with HIV to be able to carry out its social function in the family and society. Social services carried out by this center include interdisciplinary profession to create a professional service. Research conducted since the date of November 10, 2013 until December 23, 2013. From the research conducted by qualitative research methods in a statement obtained significant categories and themes that emerged is significant for the statement is feeling sad, angry when patients get HIV diagnosis, the process of studying health, public health programs, how the role of each profession respectively, how should manage patients with HIV and the need for collaboration. The theme explored is the experience, moral development, to guide patients, friendship and trust, hope in treating patients with HIV and cooperation. Patients with HIV are included in the case of palliative care, according to WHO (2005) Palliative care is an integrated system of comprehensive care that aims to improve the quality of life of the patient as a human being by way of relieving pain and other suffering associated with illness, spiritual support, and psychosocial start diagnosis enforced until the end of life with the support of the family. Patients with HIV need support and encouragement not only a health problem but how to increase motivation to maintain the quality of life in the community by building a spiritual dimension, the ability to be independent in terms of the economy, and the ability to experience stigma discrimination to be faced by those in the community. Professional social workers and nurses are in the process of rehabilitation is a profession that is very influential. In this case the need for complementary capabilities in handling patients. Nurses must improve its ability to not only take care of the physical dimension but it required the ability to develop the social, psychological and spiritual patient. Vice versa a social worker who controls the social dimension of the patient's need to improve on the physical dimensions of the issue of the patient's health. It needs to be improved by structuring the task and program

development cooperation profess. By reviewing the matter and attempt to take an active role in reducing social problems and health issues, especially HIV cases in Indonesia. Necessary to study and appropriate method to perform the synergy of the department responsible for the problem and their respective professions, namely the health department and social departments.

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