The 2010 International Nursing Conference

Diversity and Dynamic of Nursing Science and Art

7-9 April, 2010

Graceland Resort and Spa
Patong Beach, Phuket, Thailand

Faculty of Nursing, Prince of Songkla University
in collaboration with
School of Nursing of Florida Atlantic University,
University of Sumatera Utara, University of Miyazaki,
Deakin University, Kunming Medical University,
University of Texas

Kusman

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PREFACE

Assist. Prof. Sang-arun Isaramalai, PhD, RN
Chair, Organizing Committee
Prince of Songkla University
Hatyai, Thailand

Distinguished Guests,
Ladies and Gentlemen

On behalf of an organizing committee, it is a great honor and privilege for us to organize the 2010 International Nursing Conference on Diversity and Dynamic of Nursing Science and Art. We are very pleased to have all guests and participants expressing their gratitude to our nursing profession through this 2010 International Year of the Nurses' Cerebration. This symposium has been arranged and collaborated by Faculty of Nursing, Prince of Songkla University and six other educational nursing institutions from Florida Atlantic University, University of Sumatera Utara, University of Miyazaki, Deakin University, Kunming Medical University, and University of Texas at Houston. Thank you very much for your contribution.

Nowadays, nurses take charge in one of the essential leading roles as a fundamental part of the health care system and the health care reform. We are the important health care providers in hospitals, health centers and communities throughout the world. In many instances, nurses are the only regular, qualified health care providers in both urban and rural areas. As we care for multicultural clients in many nations; inevitably, we challenge ourselves with cultural competent care. So far, the nursing profession is recognized as a valuable profession to enhance the quality of healthcare services through diverse and dynamic situations. This is because we always work in a diverse care setting which contains variety of social, economical and political aspect of experiences. Since we play a major role in the creation of particular caring system for individuals, families, and communities, we all realize the limitation on acting alone. Hence, in order to maximize our potential, sharing experiences on making changes in the care for the cultural diversities in nations is essential.

Ladies and gentlemen,

As we know, nursing is derived from both science and art disciplines. We realize that nursing practice is dynamic and can be enhanced by accurate evidence-based and tested empirical knowledge. Hence, the 2010 International Nursing Conference on Diversity and Dynamic of Nursing Science and Art to launch the international perspectives aims to:

1. Relate the significance of the diversity and dynamic in nursing science and art to nursing knowledge development
2. Describe the patterns of the diversity and dynamic in nursing science and art from multicultural perspectives
3. Argue the value of diversity and dynamic in nursing science and art for developing the nursing profession
4. Explain current activities related to the diversity and dynamic in nursing science and art
5. Illustrate the utilization of diversity and dynamic in nursing science and art as guided to nursing practice, education, administration, and research

We have organized a 3-day conference and have invited eminent officiating guests and overseas speakers including Thai experts and theorists. Aside from Keynotes speech and plenary sessions, we also provide ample opportunities for communication and information sharing in the free paper and poster presentations. A total of 150 presenters will be either give oral presentation on their topics or share their information in poster presentation. The emphasis will be mainly on different perspectives and contexts on diversity and dynamic of Nursing Science and Art. The valuable ideas and information represented will create some light on our innovative health care system in providing quality of services for multiplicity worldwide.

On behalf of the Organizing Committee, I would like to extend my appreciation to all participants, sponsors, and staffs of Prince of Songkla University from both Hat-Yai and Phuket campus on their contribution to this conference. We highly hope that all speakers, presenters, participants, and guests accomplish your tasks and goals. And, we are very pleased to be a part of your success.

450 participants

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OPENING SPEECH

Assoc.Prof.Dr. Boonsom Siribumrungsukha
President
Prince of Songkla University
Hatyai, Thailand

Distinguished delegates, ladies, and gentlemen:

I am honoured to be part of the opening of this remarkable International Conference on the "Diversity and Dynamic of Nursing Science and Art". First of all, on behalf of all members of the Prince of Songkla University, I would like to express our great pleasure in welcoming all of you to Thailand and to this International Conference.

Our university, Prince of Songkla-consisted of five campuses- is the oldest university in the south of Thailand. For over forty years of existence, all faculties have been working towards being recognised as a leading research based university, a place in the first rank of major regional universities, and, in selected areas, will eventually be the true leader of international standards. Over the past thirty years, Faculty of Nursing has dedicated to producing capable nurse graduates to serve the need to Thailand Public Health. Furthermore, guided by the university visions, the Faculty of Nursing has shown excellent records in research, academic services, preservation and promotion of Eastern Wisdom Health Knowledge and Practices, and taking active role in providing health education and services to communities.

The integration of Art and Science, advanced health knowledge and skills, awareness and competence in relation to culture, diversity, and dynamic of health have been the greatest distinguishing characteristic of Nursing profession and quality of cares provided by nurses. Hence, the existence of all of you who are the enthusiastic nurses is not only the blessing to patients but also to all people. I believe, the world population, including me, would like to express our sincere appreciation to you and to the nursing profession.

The challenges made by this Conference are significant; however, I am certain that you will succeed in your objectives. I, now, would like to close my speech by expressing my sincere wishes for the success of the Conference and for all participants to discover new opportunity in the growing area of nursing education and research, as well as to enjoy your stay here. I declare the Conference open. Thank you.

OPENING SPEECH

Assoc.Prof.Dr. Ladawan Prateepchaikul
Dean, Faculty of Nursing
Prince of Songkla University
Hatyai, Thailand

The President, The Governor, Distinguished delegates and colleagues, Ladies and gentlemen

On behalf of Co-organisers, faculty members, and on my own behalf, I welcome you to our 2nd International Nursing Conference. We are delighted to have you here to participate and share in this special occasion where many enthusiastic distinguished delegates, fellow nurses and healthcare professionals have come from across the nation, and the world.
Nursing practice is dynamic and can be enhanced by accurate evidence-based and tested empirical knowledge. In addition to provide quality care, nurses need ethical and moral knowledge as well as an understanding and awareness of customs, rituals, and social diversity of clients under their care. Committing to actively raising the quality of nursing care, this year theme is "Diversity and Dynamic of Nursing Science and Art".

We are expecting that at the conclusion of conference, all participants will be able to, first, relate the significance of the diversity and dynamic in nursing science and art to nursing knowledge development, second, describe the patterns of the diversity and dynamic in nursing science and art from multicultural perspectives, third, argue the value of diversity and dynamic in nursing science and art for developing nursing profession, fourth, explain current activities related to the diversity and dynamic in nursing science and art, and fifth, illustrate the utilization of diversity and dynamic in nursing science and art guided to nursing practice, education, administration, and research. The keynote speeches, symposiums, and concurrent sessions are fascinating topics and we are honoured to have distinguished keynote speakers, presenters, and all participants to deliver and share with us their knowledge and experiences, and to help bringing this conference to succeed in our objectives. We expect a variety of discussions throughout the conference. Please prepare yourself to be challenged and inspired. We will appreciate your inputs and suggestions during the discussions for programme improvement.

Finally, I would like to thank our president and Phuket Governor for joining us today. My gratitude also goes to our co-organisers, distinguished speakers and delegates, and all participants. And, my special thanks go to all faculty members for their hard-working and dedication in preparing and organising this special three-day event.

Thank you very much for your attention.

WELCOMING SPEECH

Phuket Governor

Distinguished delegates, ladies, and gentlemen:

It is great honour to have the opportunity to say a few words before this conference get start First of all, on behalf of all Phuket residents, I would like to express our great pleasure welcoming all to Phuket. We are honoured for being selected to be the place of choice for t conference.

Phuket, known as the pearl of Andaman Sea, is the biggest island of Thailand, which approximately the size of Singapore. The name Phuket is derived from the word " Bukit" Malay which means hill, as this what the island appear from a distance. Apart from hills, island has many fascinating attractions. Its beautiful beaches and sea, wonderful nightlife nice weather have made Phuket become one of the top tourist attractions in Thailand.

The two words appeared in the theme of this conference "Diversity and Dynamic" reflect island demographics, local culture, and cuisine. Here our population is Thai Buddhist and T Muslims which mainly descendants of the island's original sea-dwelling people. Among M lims, some are of Malay descent. Furthermore, we have a large proportion of people of Chin ancestry. All live together in harmony. This quality of the population results in the diversity dynamic of local culture, way of life, cuisine and so on. Consequently, healthcare provid including nurses, who hold the concept of diversity and dynamic of health care services, required. In our hospitals here, nurse graduates from Faculty of Nursing, Prince of Song University have forever been high demand because of their recognised competencies.

It is fascinating to see the significant development in nursing and health rela knowledge and technology. I am certain that with fast growing the health professions will great benefit to all human beings, and to the world as a whole.

I would like to close my speech by expressing my sincere wish for the success of the con ence. I wish you all a pleasant stay. And for those who visiting us for the first time please sp your time to explore the island beauty and excitement. Thank you very much for your attent

CARING AND LIVING WITH HIV INFECTION IN MUSLIM COMMUNITY OF BANDUNG, INDONESIA*

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INTRODUCTION

The HIV/AIDS is still a major problem and poses continual challenges to many countries, regardless regions and/or cultural beliefs (Fauci, 1999). Indonesia is a developing country which a predominantly Muslim. Indonesia has been facing increasing numbers of PLWH since the first case was identified in 1987. The country is known as having the fastest growing HIV epidemic in Asia (UNAIDS, UNICEF, WHO, & ADB, 2008). The estimated number of PLWH was reported in 2001 as 93,000 and has since increased to 270,000 at the end of 2007 (WHO, UNAIDS, & UNICEF, 2008). Unless prevention programs are effective, it is predicted that the prevalence of HIV would reach 500,000 by the end of 2010 (MoH, 2006) and 1 million by 2015 (AusAID, 2006).

HIV/AIDS has been known for more than two decades and recent pharmacological interventions have resulted in a better bodily appearance of people living with HIV infection (PLWH). However, living with HIV/AIDS remains difficult and different from other illness. It is partly due to the stigma and other related problems attached to the illness. In developed countries, HIV related stigma perhaps is not a big problem nowadays because most of HIV/AIDS people are able to access anti-retroviral treatment (ART) and proper health-care services. In contrast, in most low and middle income countries access to the ART and health-care services are still limited and some people still hold the belief about the disease as a result of behavioral misconduct or other traditional beliefs (Kalichman & Simbayi, 2004). HIV related stigma, discrimination, and gender inequalities were also reported as dominant in six Asian countries include India, China, Thailand, Indonesia, Philippines, and Vietnam (Reidpath, Brijnath, & Chan, 2005). Stigma as a major barrier in mitigating the impact of HIV epidemic and accessing health care has been

massively reported in the previous studies (Holzemer & Uys, 2004; MacQuarrie, Eckhaus, & Nyblade, 2009). Combating HIV related stigma and discrimination is still a major concern in caring for PLWH (Furber, Hodgson, Desclaux, & Mukasa, 2004).

Caring for people living with HIV/AIDS is challenging due to the complexity, which need an interdisciplinary approach. In the context of health care, nurses are usually the largest group of health care providers who have regular and prolong contact with HIV/AIDS patients. Nurses are expected to provide high quality of care to the patients regardless their illness (Smit, 2005). The complexity of HIV/AIDS as a life threatening chronic disease has important implications, not only for individual affected person, but also for the family and the community. The family and community are probably the most important social systems that influence coping and adaptation of PLWH. As the problems faced within the family and community become clearer, there is likely to be a shift in focus in HIV care from the individual to the family or community based. This approach is seemingly much more acceptable in the Eastern as well as Muslim culture, in which collectivity of family and community is highly valued. Understanding the interrelationship among PLWH, their family, and the community in response to HIV/AIDS and how they care for HIV-infected persons within their cultural context is crucial to develop appropriate strategies in caring for people living with HIV infection.

Studies on caring for people living with HIV infection have been extensively published in the nursing literature. A number of the studies have been focused on the investigation of the impact of HIV/AIDS onto physical and psychosocial conditions of PLWH as well as on the experiences of nurses in caring for those patients. Culture is acknowledged as a major determinant in caring for HIV/AIDS people. However, most studies on HIV/AIDS were conducted in the Western and/or non-Muslim cultural context. There is little known about how PLWH live with the illness and how they experience caring in a Muslim cultural context, in particular in Indonesia.

METHODS

This study utilizes a focused ethnographic approach to discover, describe, and systematically analyze the *emic* care conceptions within a specific cultural and environmental context. Leininger (1985) stated that the focused-ethnography or ethnonursing method was designed to tease out complex, elusive, and largely unknown forms of human care from the participants' perspectives. This approach enabled the researcher to develop insight into

phenomenon of caring for persons living with HIV infection in the Muslim community of Bandung, Indonesia.

To gain trust of informants and allow contextual understanding of the phenomenon under investigation, the first researcher who is an Indonesian had immersed in the naturalistic setting. The NGOs' staffs working for HIV/AIDS served as gatekeepers facilitating access to participants. Human relation skills and fluency speaking in both Indonesian and Sundanese language (local language) of the first researcher has greatly facilitated winning the trust of the informants.

Twelve PLWH were purposively selected to participate in this study. Data were collected through participant observation and interviewing. In addition, eight family caregivers and eight community members were also interviewed. The researcher interviewed all informants in either Indonesian or Sundanese language in their home, which each interview was audiotaped and lasting 45 to 60 minutes. The initial question was started with broad descriptive question such as "How is your daily life going?" Structure and contrast questions were asked to explore more deeply toward the caring for themselves included beliefs and values perceived by PLWH. During the interview, the researcher encouraged the informants to clarify and elaborate the details of their experience by using probes or focused questions such as "What does it mean to you?", or "What does make you think like that?" The researcher kept interviewing informants until reaching the stage which no new information emerged by conducting additional interviews. The information was considered as saturation when no more new information could be elucidated by informants. In another word, sufficient data was developed and reach saturation stage.

Data were analyzed on daily basis. Initially data were written or transcribed in Indonesian language. Informants who spoke Sundanese (local language) were recorded and transcribed into Indonesian language. Furthermore, the researcher translated into English and asked an Indonesia English teacher to verify the accuracy of meaning and context of certain terms or phrases. The process of data analysis in this study involved four steps as recommended by Leininger (2002) included (1) collecting, describing, and documenting raw data, (2) identification and categorization of descriptors and components, (3) identification pattern and contextual analysis, (4) formulation themes and research findings. The findings of this study were evaluated by the process of credibility, confirmability, and transferability as suggested by Lincoln and Guba (1985).

RESULTS

Three themes emerged from the data related to Muslim cultural aspects of caring for PLWH and living with HIV/IDS. They were: (1) understanding meaning of illness, (2) beliefs and meanings related to caring, and (3) practices of caring. These themes can be described as follows:

1. Understanding the meaning of illness

After learning from the reality that they has been infected and the viruses presented in their body, the informants develop an understanding to draw the meanings from being with HIV/AIDS. There are two sub-sub-themes emerged under the meaning of being with HIV/AIDS namely the illness as a consequence and the illness as a test.

1.1 Illness as a consequence

The informants who has story of engaging with risk behaviors, they understood that the present illness could be a consequence from their previous behaviors. An informant said:

Recently I am realize that it is a consequence of my previous uncontrolled behaviors of being drugs user…some of my friends thought too much about this until they got frustration…to me, I believe in the cause and effect law, if we did bad things we will get bad consequences and reversely if did good we will get good… (K6)

1.2 Illness as a test of patience

The informants who got infected from their husband, they preferred to view the illness as a test from God. As an informant expressed:

I think it is a test from God that must be received with patience… and when I heard that my daughter's test result was negative…it was surprising …unbelievable...and my belief became stronger that perhaps it is a reward from God to me who has been receiving the test with hardiness…(K2)

2. Beliefs and meanings related to caring

The informants' expression regarding the beliefs and values related to caring can be classified into six sub-themes can be explained as follows:

2.1 Caring is doing good deeds

Caring was viewed by the informants as doing good deeds or practicing kindness for other people. Sick person was viewed as a physically weakness and emotionally labile. Helping those who suffer from illness was categorized as a noble deed. As the informants said:

I think I have saturated already of being a junkie for many years…now I want to turn my life to be more care for myself by doing good things…hopefully God will apologize my previous sins (K10).

…we must avoid HIV as an illness…yet we should not neglect the one who infected by HIV…because caring for those who suffering are a noble deed according to our beliefs… (G19)

2.2 Obligation of human being

The informants believe that caring for sick person as obligation of human being. If in a community, none of them care for the sick, the whole community members will get sin. However, mother was viewed as the most responsible to care for family members. The informants said:

…in our society we have a statement that whatever like, bad or good, once he is my son, he remain my son forever. So if he was neglected…people will look at me as his mother…perhaps they thought I have no responsibility to care for him… (G1)
As a believer, I believe that care is an obligation of every single human being, at least being able to care for themselves…if none caring each other…I imagined people will suspicious and fighting each other (K6)

2.3 Sincere

According to the informants' point of view, caring can be mean sincere that is doing something for someone else without any reward expectation from the one by the end of relationship. Informant of care givers and health providers stressed this point as motivation of their willingness to care for AIDS persons. The informants said:

Although it is quite fearful at the first time care for those patients…then when I look the progress is good…I satisfied with I have done for those…so if we sincerely (ikhlas) cared for them, it can reduce our stress burden as a result of the fearful illness…(G19)

I think I have cared for her in an optimum level that I can performed…now she has gone (die)…I have genuinely done it for her best… I don't know whether or not she accepted…I only hope that God who reward me in the hereafter (G2)

2.4 Empathy

The informants from health providers and family care givers highlighted 'empathy' or showing deep attention and understanding to people with HIV/AIDS as an important aspect of caring for those people. The informants said:

Actually if we are really understand their feelings and imagine if it is happened to us or our family members…we could avoid caring for them (G14)

I think people who expelled away person with AIDS as I showed on TV, they don't care of humanity…how if it was happened to their son or daughter, it is so pity…they should not do like that (G8)

2.5 Support, motivation, and encouragement

The informants learned that being HIV infected is a stressful experience, and the issues surrounding the illness looked devastatingly their hope to the future life. Therefore, support, motivation, and encouragement were needed as an integrated part of caring for them. The informants said:

I was really stress and fear of rejected by my family when I knew that I am infected, that way I did not disclose my status to my family for a long time until I delivered…fortunately my parents understood and care for me…they supported me and encouraged me to be patient, and accepted me as it is (K8)

Sometime I thought I don't want to live longer with the present burden of being HIV infected…my wife left me and looked to have fair with another guy…I have stopped taking ARV for a week, yet my mother was really care very much to me, she supported me and encouraged me to continue taking ARV…(K10)

2.6 Comfort

The informants expressed 'comfort' or convenience as associated with caring for PLWHA both in their home and in the health care setting. As the informants said:

Our HIV clinic here has recorded dramatically increasing of visitors in the recent years. Some of them came from far away which actually they can came to the nearest HIV clinic with their residential, when I asked them why you don't come to the nearest clinic instead of coming here, they said that they felt comfort here…not because of our facilities, yet in here they can communicate each other, they shared experiences though just in short time…and as health care providers, we must have heart contact with them, without that matter it would difficult to gain trust from them (G9)

…her emotion has been unstable since she knew her status of HIV positive and quite often of getting sick. As her mother who cared her much, I tried to console and entertain her with advices and nice words in other to her felt comfort. I hope it can relieve her stress (G5)

3. Practices of caring

Several ways were identified to express the practices of caring for PLWH among the informants. They were including prayer, reciting Qur'an, keeping efforts in health seeking,

visiting the sick, offering emotional and material supports, and avoiding talking bad things of the sick or died person. These were described as follows:

3.1 Prayer

Prayer is the main way to communicate with God. There were two types of prayer that practiced by the informants: ritual prayer (Shalat) and non-ritual prayer (du'a). The informants realized that the human being have limitations, through prayers they asked help and mercy from God to overcome their problem. The mistakes, bad things, or sins that had been done in the previous time were considered as a psychological burden for informants. By doing prayers, they believed that God may apologize their mistakes and release the burden. The informants said:

Although this illness is incurable, we should not despair because the final decision is on God's hand, so I do pray all the time and in particular midnight prayer (tahajud) to ask for a better life for me and my son (G1)

I strongly believe that God will help me, though the doctor said that this illness can't be cure completely, if God will to cure… it will be cured and I will be healthy, so just pray to God, asking for healing and healthy (K2)

3.2 Reciting Qur'an

The informants believed that reciting Qur'an would help the sick to remember God and gain power from Him. In a particular condition where the sick person seemed to have a little hope to be recovered, or in dying process, family members or relatives were often present surrounding the sick for reciting Qur'an. If family members could not do so for some reasons, a religious leader may be invited to lead the prayer and recite Qur'an. The informants said:

… as he arrived at home from the hospital, he was unable to speak…when I asked him… he did not respond, his eyes' look seemed empty, I got feeling that he would not longer life, I called my other children and neighbors to recite Qur'an and pray here… until he release his final birth (G8)

Although my relatives and neighbors seemed to be scare when they knew my son died because of having AIDS, fortunately there was a group of religious persons who assisted us to care the death body, offered prayer, and recited Qur'an until the seventh days of his death (G6)

3.3 Keeping efforts in health seeking

Although the informants believed that God has power to cure the illness through His miracle, the only pray was considered not enough to facilitate the God will. Prayers and optimum efforts must be done together to achieve the goal of healing. In term of efforts, in accord to the

belief of Islam, the informants sought health assistances from both traditional and modern health care services. The types of traditional care that used by informants in this study were vary including taking a mix herbs (jamu), visiting natural hot spring, immunity booster supplements, urine therapy, massage, and religious based folk healers. Whereas for modern health care, they used community health centers, private doctor or midwife practices, and public hospitals. The informants said:

I believe that every single illness has its own medicines… as was told by our Prophet (PBUH), yet we have to keep effort to search the best medicines to heal the illness. Right now, I have been trying to use urine therapy as complement of taking ARV… the result is good. My body weight increase 2 kg within a month. Looks, my dress seems to be not fit again with my body (K11).

I was fussy for some time when I saw my daughter reluctant to be taken to health center. I said, it is not possible to get cure if just stay at home. Don't wait until your condition becoming worse, it is too late… if you go to see the doctor… as soon as the doctor know the illness… the better treatment will be given to you… (G5)

3.4 Visiting the sick

Visiting a community member or a relative who was being sick was considered as a form of caring practice by the informants. The visit was conducted either in hospital while the sick being hospitalized or at the sick's home. The informants said:

I think because I have a good relationship with people here and most people here are still having family relationships, as I was being sick, some of them came to visit me and asked about my health progress… even friends who came from far away… (K6)

People here are quite nice… when I was being admitted in the hospital, they came to visit me. Although I used to be known as a drug user, they considered my mother and my late father as a good community member, so they wished to help us… (K1)

3.5 Offering emotional and material supports

The informants acknowledged the emotional as well as material support provided by their family, relatives, friends, and communities as a form of their caring to the informants. NGO was viewed as part of community resources which was very helpful in providing support toward PLWHA. The informants said:

You know…, since my husband and my mother passed away, I have nothing… fortunately my oldest sister and my niece support me very much. They allowed me to live here and took me to get test and brought me to traditional health care… I also got help from health cadre, NGO, and community persons here to arrange the insurance health for the poor in order to get access to hospital care… (K2)

Although I am unable to earn money due to being sick, Alhamdulillah (praise to God) some people who visit here offered an envelope (contained money)… and my sister also supports me if I and my wife need for daily basics… (K6)

3.6 Avoiding talking bad things of the sick or died person

The informants viewed talking or gossiping the bad things of someone else must be avoided if they care for the one. It is plausible because if the gossip spread out will result discomfort feelings of one who became an object of the talk. The informants said:

… you know, this illness is considered as a dirty illness linked with bad behaviors, so the doctors, the nurses, and the counselor who care me remind me many times not to talk to anyone, even my brothers about this illness. Yeah, because I think talking about the bad things of someone else, it supposed to be avoided… (K10)

I think why persons who having AIDS seemed to feel embarrass with community people, because of the psychological burden as result of their previous behaviors. Actually our religion thought us not to do talking or gossiping of bad behaviors of other people, even someone who already passed away… (G23)

DISCUSSION

Having HIV infection was viewed as a reality that had happened and could not be avoided, unless being accepted with care. Care, in the informants' view covered utilizing all beliefs, values, and efforts to maintain health and well-being while being with HIV infection. The theme "understanding the meaning of illness as a consequence and as a test of patience" reflects the belief of Islamic beliefs, which all effects were resulted by a cause and illness, suffering, and hardship as a test of patience. Previous studies documented the influence of faith in believing in God in dealing with HIV/AIDS impact (Cotton, et al., 2006; Maman, Cathcart, Burkhardt, Ombac, & Behets, 2009).

Although the reality of being an HIV-infected person could not be avoided, it should not lead to frustration or hopeless. The theme "beliefs and meaning related to caring" which consisted of six sub-themes; caring is doing good deeds, obligation of human being, sincere, empathy, support motivation and encouragement, and providing comfort indicates the universality meaning of caring as also found in the other culture. In this context caring meant utilizing all of the endeavors while supplication to God for the best outcomes as acknowledgment of human weakness without any help from God. Since God, the Creator and

Lord of all beings, is the central belief in Islam, gaining His blessing was viewed as essential in Muslim life. The theme of doing good deeds which aimed to gain blessing of God mirrored the firm belief of the informants in God. Kutty (2002) stated that blessing in Islam means mercy of God which indicates His love and eternal salvation for the blessed ones. Islam is essentially surrendering self totally to God by dedicating everything to Him. Thus, every single utterance or deed that is begun in the Name of Allah and with the intention of seeking the pleasure of Allah is considered blessed; likewise, each and every matter that is not begun in the Name of Allah is considered disfigured. Doing good deeds and worship God is a mean to gain blessing of God. Some examples of doing good deeds that are recommended by Islamic teaching were patience, control over passions and desires, control over bad temper, prayer regularly, visiting the mosque, reading the Qur'an, family gathering, concern for the community matters, etc..

Living with HIV infection is vulnerable to other co-infection diseases since the body's immunity was not well functioning. The nature of HIV illness has changed from acute-fatalistic disease to chronic-manageable disease due to the advancement of the antiretroviral therapy. This required PLWH and surrounding people develop caring practices to maintain their health and well-being. Previous studies demonstrate various strategies were developed and practiced by PLWH to maintain health. Eller et al. (2005) found six categories of self-care practiced by PLWH; these were practicing complementary/ alternative therapies, talking to others, using distraction techniques, using antidepressants, engaging in physical activities, and using denial/avoidant coping. Gaskins and Lyons (2000) identified three categories of self-care practiced by rural PLWH; they are dealing with rural issues, staying healthy, and the way of taking care of oneself with HIV. Both studies were conducted in the secularized western cultural setting in which the common people are less concerned about religion in their life.

Prayer (shalat), reciting Qur'an was selected as care practice to maintain connection with God as the source of power. The informants were indicated to utilize Islamic religious practices as a care modality in dealing with HIV-related problems. Utilizing religious practice, particularly prayer, as way of coping with HIV/AIDS has been documented in the previous studies (Corless et al., 2002; Cotton et al., 2006; Shambley-Ebron & Boyle, 2006). In the Muslim perspective, prayer is an obligation and has become an integral part of Muslim life. Therefore, Islam encourages Muslims to be patient and pray consistently while facing illness or when suffering (Athar, 1999; Rassool, 2000).

Keeping efforts in health seeking modern medicine and health care professional assistances remain to become the main option for most PLWH to heal their illness or relieve the symptoms. Gaskins and Lyons (2000) reported that PLWH rely on physicians in the HIV clinic for their treatment though some of them were bothered by feeling shame due to that some people would then know they attended an HIV clinic. In addition, Irwanto and Moeliono (2007) reported that of some 270 surveyed PLWH; of which about two-third visited health care services to obtain ARV, VCT, and nursing care, several of them encountered barriers such as feelings of fear to be known by relatives or friends, or fear of rejection by health care providers due to their HIV status.

Comforting PLWH by visiting the sick and offering emotional and material support may also be provided by the family, the health provider, and the community as a mode of care for the PLWH. From the cultural context of the participants, providing comfort symbolizes expression of love and affection that exists within familial, professional, and community relationships. It is also supported by religious beliefs that teach them how to behave toward the sick person. Yaqut (2007) asserted that honoring the disabled as well as the sick persons, meeting their needs and comforting them is encouraged by Islam for the purpose of relieving their suffering. The Prophet Muhammad (PBUH) used to visit the sick, pray for them, and consoled them, instilling confidence in their souls, and covering their hearts and faces with happiness and joy. Family caregiver provided comfort and emotional support for PLWH, as documented in a recent study (Aga et al., 2009; Maneesriwongul et al., 2004).

Avoiding talking bad things of the sick or died person was viewed as a way of care for dying and death persons. This belief can be illuminated by the Islamic perspectives toward death and dying. In Islam, life is a journey through the world, and death is another journey through a spiritual world to meet God (Athar, 1999; Rassool, 2000). The earth is described as a resting place for the purpose of worshiping God and doing good deeds. Muslims value much on sanctity of life meaning that all life is sacred and a trust from God, because it originates with God and returns to God (Sheikh, 1998). Hedayat (2006) stated; Muslims traditionally defined death as when the body grew cold after cessation of cardiac activity, despite it was based on more empirical observations than on prophetic command. Attending to a sick person and/or the funeral procession is highly recommended in Islam. Burial of the dead is a communal responsibility of the Muslim community.

In the dying moments, Muslim visitors recite or listen to the recitation of certain key verses of Qur'an, commonly "Surah Yasiin". The rituals surrounding the time of death are commonly consisted of making a will and testament, seeking forgiveness, reciting the Qur'an, reiterating key beliefs (profession of faith by saying "La ilaha illa Allah wa-Muhammad rasul Allah" (there is no god but Allah (God) and Muhammad is the prophet of God), facing Makkah at the time of the death or head turn to the right if not practical, closing the eyelids, closing and/or binding the jaw, and the body must be ritually washed, anointed, shrouded, prayed over, and be buried within 24 hours. Mourning in a loud voice and crying in a high pitch was prohibited by the Prophet Muhammad (PBUH) (Sajid, 2003). It is a Muslim's duty to offer condolences, comfort and sympathy to the family and the relatives of the deceased. This strengthens the relationships within the Muslim community.

CONCLUSSION AND RECOMMENDATION

This study highlighted the significant points of caring for and living with HIV/AIDS which reflected cultural beliefs of Muslim community. Understanding meaning of illness which consisted of illness as a consequence and as a test of patients indicated the beliefs of law of cause and effect as underlined by natural law and religious beliefs. Beliefs and meanings related to caring which consisted of caring is doing good deeds, obligation of human being, sincere, empathy, support, motivation and encouragement, and comfort reflected the universality of meaning of caring. Prayer, reciting Qur'an, keeping efforts in health seeking, visiting the sick, offering emotional and material supports, and avoiding talking bad things of the sick or died person were also reflected Islamic beliefs and practices related to caring practices. The results of the study suggest nurses or other health care provider to consider and incorporate the beliefs, values, and practices related to caring based on the cultural and religious beliefs and practice in order to provide holistic and comprehensive nursing care particularly for PLWH and their family.

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