

Appendix 1

Guideline for health practices of pregnant women with HIV

Health practice or health behaviors of pregnant women with HIV can be divided into 3 category ;

1. Preventive behaviors

- 1.1 Using condom to prevent the HIV virus mutation and also to prevent other STD.
- 1.2 Avoid staying in poor ventilation area to prevent some respiratory track infection and also other opportunistic infectious disease. It was reported that pneumonia is the most common complication among people living with HIV.
- 1.3 Follow-up ANC regularly for pregnancy check-up and early detection for complications from pregnancy and HIV/AIDS

2. Curative behaviors

- 2.1 Observe common signs for easy symptomatic disease and complication in pregnancy.

Following are three warning signs for early symptomatic disease that pregnant women should have self-observe and report ANC staff ;

- a) severe weight loss
- b) chronic fever for more than 1 month
- c) chronic diarrhea for more than 1 month

Following are some danger signs that pregnant women should report to health professional as soon as possible:

- Severe morning sickness
 - High fever
 - Anemia
 - Severe headache with vision problem
 - Edema
 - Antepartum hemorrhage
 - No fetus movement or less than 10 times/day in 7-9 month pregnancy
- 2.2 Avoid self-drug using and always observe side-effects of each medication used.
- 2.3 Avoid exposing toxic substances and addiction drugs.

3. Rehabilitation behaviors

- 3.1 Eat enough calories to maintain with, eat enough protein to prevent muscle loss that frequently occurs during HIV infection. Take vitamin A, B, E and Zinc regularly following the physician prescribes.
- 3.2 Drink clean water at least 2, 500-3,000 cc. and always observe out-put fluid. avoid smoking and drinking alcohol.

- 3.3 Take good hygiene care :Skin care, oral care and separate personal used to avoid contamination and infection
- 3.4 Control daily excretion habits
- 3.5 Stay in clean environment areas and good air ventilation
- 3.6 Exercise as appropriate at least 20 minutes but not more than 1 hour to help muscle function and enhance immune system.
- 3.7 Have enough sleep at least 6-8 hours
- 3.8 Avoid stress try to maintain good emotion, maintain relationship with others.

Sources: modified from:

- Pender, 1987 in Institute of Planning and Graduation Plan, 1998
- Health Education media of the Family Health Division
- Eat up ! : Nutrition advice and food ideas for people living with HIV by Charlie Smigelski, 1996
- Holistic Self Health Care : Office of Communication Disease Control , Chiangmai

Appendix 2 : Group Process Model

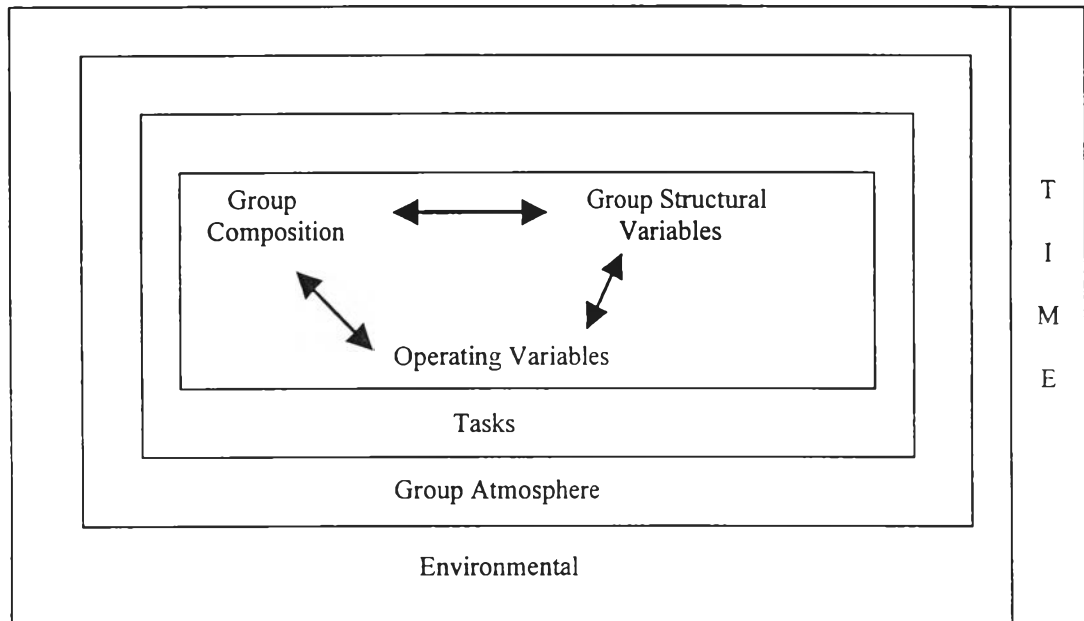
Basic components of small group process

Group process concept has been widely accepted as an effective health education in hospital that can apply for any different health problems. Group process in the hospital setting can be define as a small group discussion.

To examine group process functioning, we needs to understand the group's components.

Sundeen, 1994 has mentioned various variables to examine group process i.e. task performance, activity pattern within the group, interpersonal relationships and communication. In addition, the behaviors, role, and issue that surface during the group meeting are important process factor. Rosenfield,1973 has developed a model of small group process which indicate the interact component.

Figure 1: Rosenfeld's Model of the small group process (Cooper, 1995)



The above small group process of Rosenfield, will be applied to explain group process component in this study. According to the above model, small group process occur across time and also change across time. Thus, small group processes are dynamic, and the relationships among the components are constantly change.

1.1 Group composition : consist of members, group leaders or facilitators and group interaction variables such as size and compatibility.

Group members : Groups consist of individuals, each individual joining the group brings a variety of attitudes, capabilities, and personality variables. All these enter into the group's system and affect the group's ability to work together.

To ensure the effective of group interaction, like others health education, initial steps before group setting is to identify needs, characteristics and readiness of members.

The assessment of physical and emotional readiness of individual members is needed. In addition, members readiness also includes communication patterns, attitude towards interpersonal relationships outcomes (Marram ,1978 in Nathee, 1998).

Among group of pregnant women with HIV, mutual problem experiencing or facing, is the most reasons for the forming group. Homogenous characteristics of these group members aside from demographic characteristics can be are;

- the HIV infection status includes staging of disease progression, infectious status of husband, family members that have HIV/AIDS illness etc.
- being pregnancy includes number of pregnancy, gestation period, pregnancy complication
- women in reproductive group. Etc

Homogeneous characteristics could effects to needs, perception and self-concepts or *compatibility of group interaction*. Weiss suggest that “ a group in which an individual’s social, emotional, and personality needs are met will seem to facilitate and encourage effective learning” (Coopeer, 1995).

One most essential key to group achievement is mutual understanding of expected roles and functions of membership, individual objectives as well as group objectives.

Group size :

Size is a factor in group composition.). Determining group size depending on group tasks, group`s objective and members expectation in using feedback information form others (Marrams, 1978 in Nathee, 1998).

“ The larger the group, the less feedback each member can receive” (Cooper, 1995).

“Larger group are good for gaining diverse input but smaller group are better at doing something productive with that input” (Robbins, 1998). Effective small group discussion should have about 5-7 members (Klein, 1977 in Tussanee, 1992). Larger size of group consist of 4-12 members is the most suitable for group interaction and group unity.

1.2 Group structural variables refer to communication and attraction networks in group.

Pattern of communication flow can affect both satisfaction and performance of group members. the group. In the nature of education and support group like in this study, communication plays a major role as sources of information. The leader or nurse have to initiate and encourage the flow of communication. Following are the example

- of communication networks could occur in turn from time to time in group i.e. -
- centralized : message flowing through leader or a central member. This networks have more efficient in solving simple problem.
 - circle networks : message flowing through individual members. This network have least efficient in time. But is satisfied from the participation of members.

Attraction networks

Attraction networks can refer to the cohesiveness as cohesiveness is degree in which group members are attracted to each other and are motivated to stay in the group. In many support groups, common problems or experiences from the illness would encourage and attract the communication with in group. Experience sharing from each members are the most attraction networks in the group.

1.3 Operating variables : consist of the ground rules of the group and the norms adopted as the group developed. People joining a group will have different expectations and assumptions about how the group will run, how will the leader and members exercise control group, how members and leader expected to behave in groups.

Role of group leader or facilitators : The behavior of the leader influence the behaviors of other members of the group. The group process in hospital usually conducted by nurses.

Task roles of leadership generally include the role of;

1. Initiators: defines the problem and suggest procedures to solve problems
2. Information seeker: request relevant information or expression of ideas
3. Information giver : offers ideas, facts, information
4. clarified: clear up ideas, indicating definition of term
5. Explorer : Explores alternatives and deeper meaning related to alternatives
6. Summarizer : plus ideas together and restates suggestion after discussion
7. Consensus taker : ask if group is near a decision on possible conclusion
8. Record keeper: maintains record of ideas discussion, and decision to most efficiency move group along.
9. facilitate activities or issues that can respond to members'needs. Ensure security feeling and promote sense of belonging and companionship.
10. Create active interaction or lively atmosphere.
11. Monitor group progress from time to time to achieve its' objectives.
12. Monitor individual progress because each may have different potential and limitations

Source: Sundeen, 1994 and Nathee, 1998

Roles of members

In support group or education group in hospital setting, members are expected to behave as active participation in group. Following are the example of members' role and functions ;

- Brings-up new ideas to group to encourage problem-solving.
- Encourage group participation by shows responsiveness to others and acceptance of other's ideas.
- Create companionship atmosphere reduce tensions, assists others to explore different ideas.
- Compromise other's ideas and modifies in the interest of the group
- Facilitate group participation and helps maintain flow of communication.

Source: Robbins, 1998

1.4 Task is the primary purpose of the group. the reason for the group existence. In this study context, task may refer to the process of interaction in groups. Both members and leader have to contribute to these interaction. Benefits of group process education might be the gain knowledge of individual and group from the discussion.

1.5 Outcome/ Evaluation of outcome A groups' outcomes depend on two factors-task work and interpersonal relations. Positive change in physical and emotional of members might be the indicator for group's accomplishment. However, some outcomes form education and support group may not measurable in term of quality or quality. However, regularly attending and active participation of members might relate to there satisfaction and accomplishment of group in building interpersonal relation., and efficiency outcomes) and the group's satisfaction with the outcomes.

1.6 Group atmosphere refer to **climate** of the group both physical and mental. The environment is both physical and social places limitation on group can either facilitate or hamper task accomplishment.

Group should be held in the privacy and comfortable location these will effects to concentration and learning motivation (Nathee, 1998)

Schedule for group discussion should be planed and inform members in advance. The appropriate time is the time that both members and facilitators feel free for other activities. Starting and ending the discussion should be in time. Group education and discussion should not longer than one to one and a half hour. Frequency can be once or twice a months based on the objective of group. (Nathee, 1998 , Sundeen, 1994 and Tasanee, 1992)

APPENDIX 4

Number _____

Interviewing Questionnaire

(Translation)

Information sources and concern issues on health practicing behaviors among pregnant women with HIV.

Date of interview _____

There are 3 parts in this questionnaire

1. General information
2. Pregnancy and illness history
3. Source of information

Part I. General Information**1.1 Information of pregnant women**

1. Age _____

2. Marital status

- | | |
|------------------------------------|---|
| <input type="checkbox"/> 1. Single | <input type="checkbox"/> 2. Married and live together |
| <input type="checkbox"/> 3. Widow | <input type="checkbox"/> 4. Divorce |

3. Education

- | | |
|---|--|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 2. Primary school |
| <input type="checkbox"/> 3. Secondary school | <input type="checkbox"/> 4. Under graduate |
| <input type="checkbox"/> 5. Bachelor or higher degree | |

4. Occupation

- () 1. Government officer () 2. Employee
 () 3. Private business () 4. Temporary job /labor

5. Average incomes per month _____ Baht

6. When did you know your HIV blood test result?

- () 1. Before ANC

Please specify time _____ (Year/Month)

- () 2. After ANC
 () 3. Do not sure ???

7. Home town

- () 1. Bangkok () 2. Central region
 () 3. Eastern region () 4. Northern region
 () 5. Northeast region () 6. Southern region
 () 7. Others

8. During the past 1 year, where do you live the longest period

- () 1. Bangkok → please specify the housing status

() 1. Belong to you () 2. Renting house

() 3. House of relative /friend () 4. Other _____

- () 2. Up-country province. Please specify _____

- () 3. Others.

1.2 Information of husband (In case stay together)

9. Education

1. None 2. Primary school
 3. Secondary school 4. Under graduate
 5. Bachelor or higher degrees

10. Occupation

1. Government officer 2. Employee
 3. Private business 4. Temporary job /labor

11. Average incomes per month _____ Baht

12. Did your husband ever have HIV blood testing ?

1. Yes, → please specify blood test result..
 1. Positive 2. Negative 3. N/A
 2. No
 3. N/A

13. Did your husband know your that you have HIV infected ?

1. Yes. 2. No
 3. N/A

Part II. Pregnancy and illness history

14. Number of gravida (including this time) _____ times

15. Number of alive children _____ person

Number of under 5 children _____ person

16. When did you start your ANC _____ months. And where →..
- () 1. Nopparat Hospital . Why_____
- () 2. Others. Please specify_____ and why did you change?_____
17. Your gestation period _____ weeks
18. How many time have you visit ANC clinic _____ time
(included this visit).
19. Do you attend ANC clinic following the prescribe schedule ?
- () 1. Yes,
- () 2. Missed attendance 1-2 times because_____.
- () 3. Miss attendance more than 2 times because_____
- () 4. This is your first visit.
20. How long usually you spend time for each ANC visit ? _____ hours _____ minutes.
21. Do you have a plan to delivery at Nopparat Hospital or not ?
- () 1. Yes () 2. No () 3. N/A
22. Which factors is your first concern in selecting a hospital for ANC or delivery ?
- () 1. Hospital location / convenient transportation
- () 2. Hospital services / staff hospitality / time
- () 3. Treatment performance
- () 4. Confidentially policy for HIV/AIDS people.
- () 5. Reasonable cost. () 6. Others_____
23. Aside from HIV infection, do you have any other chronic illness ?
- () 1. No () 2. Yes, Please specify_____ () 3. N/A

24. During this pregnancy, did you have any illness that need to go to hospital or not?

() 1. No () 2. Yes → have you ever admit in the hospitals or not ?

() 1. Yes

() 2. No

Part III. Information learned and sources of information related to health practicing of pregnant women with HIV

25. Have you ever learned these information or not ? How frequent ? How clear is it and how you think it benefit to you ?

Topics	Receiving		Frequency		Clearness		Benefits	
	yes	no	1-2	>3	yes	no	yes	no
1.HIV Transmission from mother to child.								
2. Delivery plan.								
3. Prevention from other infections.								
4.Pregnancy complications.								
5.Danger signs that should visit hospitals.								
6. HIV/AIDS treatment.								
7. Supporting Sources								
8. Effects of self-drug used								
9. Herbal traditional								
10. Nutrition practices for HIV/AIDS								
11. Psycho-emotional coping								
12. Safe sex								

26. Aside from topics in question number 25, have you ever learned information related to health behaviors of HIV/AIDS people or not ?.

() 1. No

() 2. Yes, please specify topics 1. _____ 2. _____

27. From question number 25 and 26, do you want to know what additional topics ?

1. _____ 2. _____ 3. _____

28. Do you satisfy to learn information from passive sources or not ?

() 1. No

() 2. Yes → From what sources ?

() 1. Relatives

() 2. Friends

() 3. People living with HIV

() 4. Health professional

() 5. Others _____

29. Do you satisfy to learn information from media or not ?

() 1. No, I don't.

() 2. Yes, I do. → From what kind of media ?

() 1. Newspapers, magazines

() 2. Health education printing media / book / brochure

() 3. TV -radio

() 4. Cassette tape / standard video /slides

() 5. Advertising sign / exhibition

30. Have you ever learned information HIV/AIDS and pregnancy from this hospital or not ?

() 1. No

() 2. Yes → What kind of health education methods do you like the best ?

() 1. Printing media distribution

() 2. Audio-visual aids

() 3. Individual education by professional staff

() 4. Group education by professional staff

() 5. Group discussion among professional staff and peers

() 6. Others please specify _____

APPENDIX 5

Question guild for focus group discussion on needs and sources of information and education on HIV/AIDS

PART I: Respondent background

Number	Age	Occupation	Number of ANC visited (including this time)	Expected Date Of Confinement
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

PART II: Specific information on concern problems and health information.

1. In this pregnancy, what is your first concern (not only on health problems)?
2. Have you ever share these problems with others? Who do you prefer to talk with? Why?
3. Did you fulfill with those respond? What else you want to learn or having support (in order to solve your problems)?
4. Have you ever known the information about HIV/AIDS and pregnancy?
5. Can you give an example of the topics that you have learned? From whom? And how often?
6. Do you benefit form those information? In what aspects?
7. Have you ever learn these information from Nopparat Rajjathani hospital? From whom and in what way ?
8. Can you give an example of education topics in hospital that you have learned and you found interesting?
9. During ANC visited, have you ever talk to other pregnant women with HIV? In what topics?
10. Did you gain information from those conversation? Aside from these, have you ever make additional contact with other pregnant or PWAs at other places?.
11. How you like about group discussion that we are doing now? Do you have any experiences before?
12. If you are the organizer of group discussion for your friend in this clinic, do you think your friend will happy to join you ? Why and why not ?

Appendix 6/1 (Monitoring forms)

Group Process Education Record

(To be filled by facilitator and observer)

Date _____ Started
time _____ to _____

Facilitator _____ Observer _____

1. Major topics planned _____

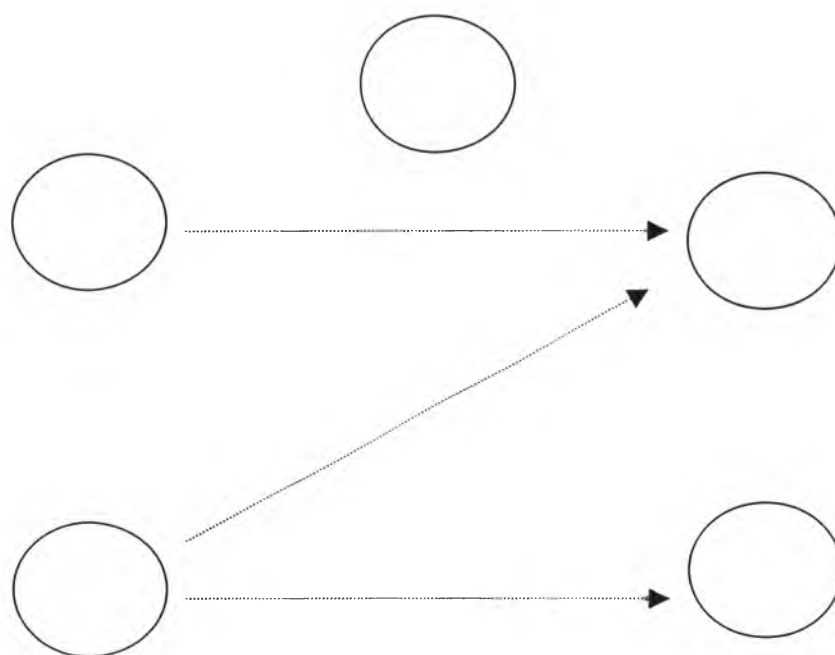
2. Major discussion topics _____

3. Health Education media / Supplies used _____

4. Outcomes / Observations _____

5. Communication flow / members participation

(Source: Frequency Chart: Pattern Of Communication. Johnson & Johnson, 1991)



Appendix 6/2: Monitoring Forms

Group Attendance

(To be filled by participants)

Date _____

Members' Code #	How many times attained group process education (included this time)	Gestation	EDC




Monitoring From : Attendance Record

NAME _____ AGE _____

HOSPITAL NUMBER _____

Expect Date of Confinement (EDC) _____

□□-□□-□□□□

<p>1. Perinatal Transmission</p> <p>Date of attendance</p>	<p>2. Knowing about HIV/AIDS I</p> <p style="text-align: center;"></p> <p>Date of attendance (3 Nov. 2542</p>	<p>3. Health practices of pregnant women with HIV</p> <p>Date of attendance</p>	<p>4. Delivery Plan</p> <p style="text-align: center;"></p> <p>Date of attendance 10 Nov. 25</p>
<p>5. Life skills</p> <p>Date of attendance</p>	<p>6. Knowing about HIV II</p> <p>Date of attendance</p>	<p>7. Open topics</p> <p style="text-align: center;"></p> <p>Date of attendance</p>	<p>8. Open topics</p> <p>Date of attendance</p>

Appendix 7

The following are anxiety issues of people living with HIV/AIDS which should be used as a question guide for pre-test questionnaire for pregnant women with HIV

1. HIV transmission to child.
2. Discrimination from social.
3. Confidentiality issue.
4. Relationship with spouse.
5. Relationship with others
6. Living with family.
7. Illness and survival.
8. HIV/AIDS treatment.
9. Economic problems.
10. Life pattern i.e. job security.

Sources:

Perception, needs and health practices of HIV seropositive clients and their family By

Dr. Jariyawat Khompayak (editor), 1998

Women and HIV/AIDS by Marge Berer, 1993

CURRICULUM VITAE

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SPECIALIZATION

Program Management: Rural Development and Health Projects.

EDUCATION

1976-1980 B. Sc (Nursing), Khon Kaen University Thailand

TRAINING COURSES

1989 Women Manager Training Course, International Institution Of Rural Reconstruction (IIRR), Philippine.

1990 Institutional Strengthening. Los Banos University, Philippine.

1991 Project Management, Catholic Relief Services, Philippine.

1992 Monitoring and Evaluation, Catholic Relief Services, Macau.

EMPLOYMENT

1996-1997

Project Manager, Thai NGOs Coalition On AIDS

A special project initiated by the National AIDS Committee to assess to the progress of 153 AIDS projects funded by Ministry of Public Health (MOPH) to local NGOs all over the country. My responsibility included designing, organizing evaluation teams and prepared reports to the MOPH and involved people.

1983-1994

Program Manager, Catholic Relief Services (CRS), Thailand

During the first 6 years, I worked at Cambodian refugee camp, in Surin province, as staff nurse, public health nurse, health educator and trainer for Cambodian health workers. At the CRS head office in Bangkok, I started working as a Project Officer of Program Operation Unit, CRS head office in Bangkok. CRS was an international funding agency. My latest title was the Program Manager. My responsibility included projects management in Thailand, Cambodia, Burma and Laos.

1980-1983

Staff Nurse, St.Louise Hospital, Bangkok

Obstetric and gynecological Ward

LANGUAGES

Thai , English, Cambodian. and Laos