

CHAPTER 4

DISCUSSION

4.1 Satisfaction of Project Implementation

11 women participated in the project during the first three months of the project implementation. 10 participants were HIV positive pregnant women. During the implementation period, according to the hospital ANC records, there were 34 HIV pregnant women attending antenatal care services at Bamrasnaradura Hospital. Thus, it may be seen that a high proportion of women chose not to participate. However, all ANC clients were referred by the ANC staff to the author who is the project co-ordinator for interview to determine why they did not want to participate. Many of these clients were not ready to disclose themselves to other people. Thus, after explaining about the project, the author briefly provided information on other services available for HIV positive people and that they would be welcome to participate in the project when they were more ready.

Of the 11 participants, two could not be followed up, thus the project-coordinator was able to interview 9 participants about their satisfaction with the project implementation. A semi structured individual interview was used to obtain information on 5 topics including (1) the clarity of the project objective; (2) the project approaches; (3) the group leader; (4) the participants and (5) the advantage and disadvantage of participation in the project. No questions were asked about the invited speakers as there was no formal speakers invited during the first 3 months.

Overall, participants were all satisfied with how the project had been running. All 9 participants stated that they had a clear understanding of the project aim. All were able to explain the project's aim correctly with no hesitation. They were all satisfied with the group leader's ability to coordinate activities, ability to lead and stimulate the group as well as the warm attitude of the leader. The type of participants involved were accepted as appropriate. They stated that because all participants have similar problems they feel "relaxed", "united" and "encouraged" to help each other fight problems and continue with their lives. All participants were very supportive of each other. However, they stated that in some sessions "the number of participants was too small for discussion". They would like to have at least 5-8 participants for discussion. They also stated that it would be useful to have more HIV mothers to come and share experiences after delivery.

Most participants (81.8%) had never attended a self-help group before. Thus, when the project co-ordinator asked for their feedback on how the project was run during the first three months, all said they were happy with how it was conducted. After prompting with more specific questions using lots of examples, a few comments were made. One participant stated that they would like the group leader to use more humor when running activities to help reduce stress, and to make the self-help activities more relaxing. One participant stated that a structured group and education programmes would be useful. The participants know in advance what to expect for, thus they can be prepared for the activities. For an education session, education on how to look after themselves and their

babies would be useful. If the participants were not able to attend, notes should be left for them so that they can be in touch with the self-help clinic activities.

Two participants stated that they felt hesitant to talk when new participants joined the group. However, this was reduced after a few minutes of introduction when they realised that the new participants were in the same situations as them. The feeling was "back to normal" when the new participants opened themselves to the group and more actively participated.

When asked about the disadvantages of participation in the project activities, none of the participants identified a negative impact or negative consequences. All felt secure about their confidentiality within the project. One participant, however, relating to confidentiality, stated a concern about the hospital services as the appointments for HIV positive women were made on a particular day and were different to those of the HIV negative clients. This was difficult for her as she has a friend who is HIV negative pregnant and who wants to come to the hospital the same time as her.

All participants found the project to be beneficial to them. When asked to list the benefit of participation, all participants stated they felt warm, have developed good friends to talk to, were able to express their feeling and concerns without worry that people will not accept, shared experiences and problem solving strategies and had increased their knowledge about HIV. All participants stated that they would like the project to continue in order to provide other HIV positive women with the same opportunity. If they have friends with similar problems, they

would certainly recommend the project. Participants who were close to delivery asked if they could still participate after delivery. Participants who had gone home after delivering their baby stated that it was difficult for them to come back for self-help activities at the hospital especially during the first few months as they had to look after their baby by themselves. The appointment for the baby's medical check up at the hospital was scheduled by another department on a different day which was not convenient for them to attend the self-help clinic.

4.2 Project Outcomes

There were 11 participants at pre intervention (prior to participation with the project activity). However, at post intervention, there were only 6 participants who were available to complete the outcome questionnaire as the other five participants participating with the project activities either attended less than three times during the first 3 months of project implementation or could not be followed up. This resulted in a very small sample size for statistical analysis. Only percentage and frequency were used to describe data. However, the small sample size allows the author to be able to assess an individual score in depth which is useful for understanding the impact or outcome of the project on an individual participant.

The total scores of confidence in self-care, confidence in baby-care, positive attitude toward living with the society and the level of HIV knowledge of participants were positively higher than those at pre participation. All participants at post intervention had high score in confidence in self-care and in positive attitude toward living with the society. Giving scores of more than 60% as high

score, five out of 6 (83.3%) had high score in confidence in baby care and 4 out of six (66.7%) had high scores in HIV knowledge.

With the general health questionnaire, some participants at pre intervention had severe symptoms in the somatic domain (n=1), anxiety and insomnia domain (n=2), social dysfunction domain (n=3) and in severe depression domain (n=2). In contrast, none of the participants at post intervention had severe symptoms in those domains. Most participants at post intervention had scores of 0 which indicate normal or no symptoms. There were two participants who had mild to moderate symptom in the social dysfunction domain and one participant had mild to moderate symptom in each of the other domains at post intervention.

In terms of coping methods adopted by the participants, a higher proportion of participants (83.3%) at post intervention had demonstrated a high tendency to use problem focused coping strategies and functional focused coping strategies compared with those at pre intervention where there was only 63.6% of participants with a high tendency. For the dysfunctional emotional focused coping strategies, a much higher proportion of participants at post intervention had a low tendency to adopt this coping type. There was 83.3 % of participants at post intervention compared to only 27.3% of participants at pre intervention who had low tendency to adopt the dysfunctional emotional focused coping strategies for dealing with their problems or stressors.

The author compared the group of participants who completed only the pre intervention questionnaire with those who get to complete both the pre and post

questionnaire to see whether there was any difference in the two groups. It was found that the score in positive attitude toward living with society, the general health score and the score in functional coping strategies (problem focused coping and functional emotional focused coping strategies) were quite different between the two groups. Participants who completed only the pre intervention questionnaire demonstrated less positive attitude toward living with society than the participants who completed both pre and post intervention questionnaires. Their general health scores were a lot higher than the other group which indicate a poorer psychosocial well-being and a poorer self-esteem. This group of participants had a lower tendency to adopt the functional coping strategies. It was possible that these three factors may have contributed to the loss of follow up among these women or delayed them in participating with the project activities. Further investigation in these areas may be useful for determination of the causes that prevent HIV positive women from attending or participating with the project activities.

Comparisons of participants who get to complete both pre and post intervention evaluations show a positive outcome in all areas except the functional coping strategies. The scores on this area were decreased from 87 to 83.8 which indicates a decrease in functional coping. This lower score may not be related to the project. Pregnant women can be confronted with multiple health issues as the pregnancy progresses. Those issues may cause the lower score. However, further investigation on factors contributing to the lower score in functioning coping is needed before any conclusion can be drawn. There was also a small decrease in the positive attitude toward living with society which will need

attention. The discrimination against HIV/AIDS people in society may influence this phenomenon.

Assessment of an individual score to provide an in-depth understanding of the project outcome on an individual participant shows a positive outcome of the project in most areas. However, there are three main areas which need special attention. These are (1) the attitude toward living in society, (2) the functional coping and (3) dysfunctional coping strategies. Although, the general scores in the positive attitude toward living with society were high in all of the six participants, there were two participants who had a decrease in the total scores. The decrease in scores were mainly due to "the ability to get help and support from society". Another factor was related to "the willingness to participate with societal activities"

Four participants had a decrease in functioning coping scores with one participant having a score lower than the cutting point. (Score lower than the cutting point indicates a low tendency to adopt functioning coping strategies.) The lower scores were mainly related to:

- Positive reinterpretation and growth (n=5)
- Restraint coping (n=4)
- Active coping (n=3)
- Planning (n=3)
- Seeking social support for instrumental reasons (n=3)

At post evaluation, two participants had a greater tendency to adopt dysfunctional coping strategies with one participant having the score more than the cutting point which indicate a high tendency to adopt dysfunctional coping strategies. The higher scores were found related to:

- Focusing and venting of emotion (n=3)
- Behavioral disengagement (n=3)
- Mental disengagement (n=3)

4.3 Conclusion

Although in the first three month of project implementation, activities were very flexible with no education or group discussion programmes planned in advance, the project has been quite successful with participants' satisfaction. Overall, participants who participated in the project activities on more than three occasions had improved HIV knowledge; improved confidence in baby and baby care; improved self esteem in social functioning; improved level of psychosocial well-being and a decreased tendency to adopt dysfunctional coping strategies. However, the scores in positive attitude toward living with society and functional coping strategies were decreased. At this stage, the cause of the decreased score is unclear. Further investigation is essential for exploring this issue.

4.4 Sustainability of the project

This project has high potential for sustainability for to three reasons. **Firstly, it responds to the needs** of both participants who found the project to be beneficial and the hospital staff who realise the importance of peer support in caring of HIV

positive people. **Secondly, the hospital already has resources for implementing the project. At antenatal care unit, medical doctors, nursing staff and nurse counsellors are being recognised by the quality of their work and experience in management of HIV/AIDS. These staff have high commitment and are prepared to adopt new strategies for improving client services. Outside expertise is not required for implementation of the project. In terms of material resources, rooms and office facilities are available from the antenatal care unit. Lastly, the project intervention does not solely depend on Bamrasnaradura staff. The participants are encouraged to run activities with little or no assistance from staff.**