CHAPTER IV

Data Exercise

The Effects of Group Process Education on Knowledge Skills, Anxiety and Depression in Adopting Healthy Lifestyles among Pregnant Women with HIV/AIDS at Nopparat Rajathani Hospital

4.1 INTRODUCTION

This study aims to develop a model in increasing the effectiveness of the health education program at ANC clinic among pregnant women with HIV. The proposed intervention is group process education by integrating group support as a group function. This is a descriptive study with a one group pre-post test design. There are four processes within twelve months of the study period i.e. need assessment, program planning, implementation, and evaluation. This data exercise will cover the activities during the need assessments process.

As it is accepted that "needs assessment is the most crucial element of the health education program". The failure of many health education programs is usually due to the lack of assessing education readiness, needs and interesting of clients (Nathee,

1998 & Dignan and Carr, 1992). Some health education constraints originate at the organizer hospital i.e. the lack of resources which includes effective staff, health education material and co-operation among involved staff as well as hospital's policy on health education program etc. The information gathered from this data exercise will be used in designing health education method, content, media. logistical management as well as support needed. Meanwhile, lesson learned from the data exercise will be used to improve further data collection techniques during implementation, monitoring, and evaluation.

4.2 OBJECTIVE OF DATA EXERCISE

4.2.1 General objective

The general objective is to gather information necessary for the program planning process concerning health education for pregnant women with HIV.

4.2.2 Specific Objectives

1. To identify and collect detailed information concerning health education for pregnant women with HIV i.e. demographic data. pregnancy history, health status from being HIV/AIDS positive, needs, and interest in health education content and method to be used at the ANC clinic.
2. To identify and collect detailed information on organizing hospital health education for pregnant women with HIV i.e. statistics of pregnant women

with HIV, health education and ANC procedures, health education constraints and their possible resolution and resources available.

4.3 METHODOLOGY

The required information has been listed down before designing the techniques to be used. This information includes;

A. Information on pregnant women with HIV;

- Demographic data
- Pregnancy and HIV/AIDS history
- Knowledge and attitudes regarding health practices and health behaviors
- Sources of information and education
- Interest and satisfaction in health education content and methods.

B. Information on target hospital " Noppatar Rajjathani Hospital ";

- Statistics / number of attendees for each particular time frame
- Pattern of ANC visits, hospital protocol and constraints
- Problems of target group i.e. during pregnancy, delivery, and post-partu.n period
- Staff involved in ANC, information and health education activities for target pregnant group.
- Available resources, hospital policy concerning health education.

There were four techniques utilized i.e. review of secondary data, general group interview, focus group discussion and interview questionnaire. After consultation with permission from the taret hospital, the data collection process was started in September - December, 1998. The following are the rational and activities of each technique:

4.3.1 Review of secondary data

Review of secondary data is the most practical and fundamental approach to assess to basic information. Aside from the advantage of being a less expensive approach, the data collection technique allows the researcher to familiarize with and get additional ideas in concerning issues. The key informant for this data collection technique is the ANC clinic staff nurse. However, it should be noted here that the requires information relating to pregnant women with HIV has been collected by many hospital units i.e. OPD, ANC, laboratory unit, delivery room, counseling units One major constraint is the lack of management in the recording system. Each units has its own interest and design. In order to collect comprehensive data and to save hospital staff time, a recording format for the study has been developed. (Some statistics of data collection has been presented in section 3.3 of the proposal and will be further discuss in section 4.4.)

4.3.2 Interview questionnaires

The propose of using questionnaires is to assess systematic information from all target pregnant women with HIV. Interviewing can also increase the response rate and flexibility for more clarification both for the interviewer and the respondents.

To avoid bias, it was agreed among the working committee that hospital staff shouldn't be involved in interviewing so that the respondents would feel free to answer some questions relating to hospital performance. Three nursing students were trained as interviewers. Since an average of 10-15 pregnant women with HIV visit ANC each week, the questionnaire was planned for a 4 weeks period to cover about 50-60 target pregnant. There was no sampling, all pregnant women with HIV were included except those with severe physical or emotional problems. The interview were carried-out at the waiting area of the ANC clinic during the months of September and October 1998.

The researcher also participated in the interviewing process. It was found that number of attendees were less than planed probably due to heavy rains during that period. The study therefore, covered only 30 cases or about 30 % of 100 registered cases.

4.3.3 General group interviewing

The group interview is essentially a qualitative data gathering technique that finds the interviewer/moderator directinng the interaction and inquiry in a very structured or very unstructured manner, depending on the interview's purpose (Denzin and Lincoln, 1994). The purposes of group interview was to assess to some administrative information related to health education for target pregnant women. Meanwhile, the group interview was also a tool to assess to explore the ideas in initiating the propose intervention. After reviewing secondary data and learning the results of interview questionnaires, the researcher conducted a group meeting to share information learned and to explore the ideas of group process intervention. The meeting was held at the hospital's Health Education Unit, on November 3, 1998 from 10 to 12 am. Participants were the ANC physician, ANC nurse, Counselor, and educator.

4.3.4 Focus group discussion

Focus group discussion aimed at getting more in-depth information about the target groups ideas on hospital health education. The focus group meeting was conducted on November 25, after the ANC clinic. The hospital counselor was the moderator and the

researcher was the participant observer. Twelve pregnant women attended the discussion.

The discussion lasted an hours. It should be noted that more than half of the women were active participants and raised up major concerns regarding the hospital information system and ANC services. In addition to discussion on the topics as planned, since there were a few cases of full-term pregnancy, the group also raised their concerns regarding the delivery plan i.e. expense estimates, potential problems, milk powder for new-born (breast-feeding is not recommended to avoid the HIV transmission)etc. The focus group finding will be presented in another section. (See appendix 5: Key questions for focus group discussion.)

4.4 FINDINGS AND RECOMMENDATIONS

4.4.1 Demographic data

Age and education: According to the interview questionnaire, the average age of target pregnant women is in between 18-35 of 25 years old. From focus group discussions, the age of target pregnant is in between 17 - 31 or an average of 24 years old which is close to the questionnaires finding. Among the 30 cases of questionnaire's informants of, only one case was illiterate. However, almost half or 46 percent have a primary education. Discussion contents therefore should be in simple and avoid using theoretical terms. Hence, using advance reading or writng skills in the group should be done only as needed.

Occupation and income: Almost half or 48 % of those pregnant are housewives who do not have regular jobs. This would support feasibility of the activities because

they may have less time constraints and should be able to participate in group activities. One notable finding is that among those who have jobs, the average monthly incomes are quite low (an average monthly income of Baht 5,874). This would also confirm the need for using group process education to assess to the association between socio-economic costraint and the adopting healthy lifestyles.

4.4.2 Pregnancy and HIV related history.

The finding are related to the findings of many studies that most pregnant women first learned of their HIV status at the ANC clinic. In this study, twenty-seven cases or ninety percent learned of HIV sero-positivity at the ANC clinic. Regarding the ANC pattern, it was found that average first ANC was during the 23 weeks of gestation. Most pregnant women or about 80 percent have attended ANC following the prescribed schedules. It was confirmed that ANC is the first gate and the most feasible entry point to provide information and support concerning HIV/AIDS.

Another notable issue is that only 53 % of the target women shared blood test results with their husband. Likewise, 48% of them do not know blood testing results of their husbands. These findings clearly indicate the need of individual or group counseling to provide the information in adjusting their lifestyles related to safe sex. In addition this finding could also represent phycho-emotional problems of these pregnant women. "Sharing HIV blood test results with spouses or others" is a contravocial issue that would effects to future relationships and family life of these people, individual may have different conditions. However, group process education and mutual emotional

support from peers could provide information, experiences and alternatives for their proper self dicistion-making. The following table shows details of the discussed issues:

Table 4.1 Learning HIV Status

When did you know your blood test result?	Number (n = 30)	Percent
Before ANC	3	10
After ANC	27	90

Table 4.2 Sharing Blood Test Result With Husband

Did your husband know your HIV blood test result?	Number (n = 27)	Percent
Yes	15	55.5
No	10	37
Do not sure	2	7.5

Table 4.3 Husband's HIV Blood Test Result

Did your husband ever have HIV blood test?	Number (n = 27)	Percent
Yes	14	51.9
No	10	37
Do not sure	3	11

In addition to the above mentioned information, it is good to find that all of the respondents haven't developed to symptomatic HIV/AIDS. Most are healthy, only two

cases have chronic diseases i.e. asthma and heart disease. This will confirms the readiness of these women to attend group activities as well as the feasibility of maintaining their health status. However, one observation during focus group discussion regarding the illness of these pregnant women is that few cases complained about some common signs of HIV/AIDS such as rash, unknown fever, fatigue. During the discussion, it was found one case has diarrhea. As HIV/AIDS complications can occur from time to time, the group organizer of each education session may need to have closer investigation and screening

4.4.3 Information and health education regarding to HIV/AIDS

The majority or more than ninety percent of pregnant women learned most from the topics of transmission from mother to child, how to have safe sex and nutrition respectively. The information they learned least is about danger signs of pregnancy, complication during pregnancy and herbal medicine for HIV/AIDS. Regarding clearness and understanding, 72 % felt that topic about transmission from mother to child was the most clearest while only 24 % understood the content relating to delivery plans. The content that interested most respondents was about transmission from mother to child, delivery plans and how to prevent secondary infection and practice safer sex respectively. These finding is same like the report of " Bangkok Perinatal HIV Transmission Study Group" which studied the major concerns of 392 pregnant women with HIV who visited two large hospitals: Siriraj and Rajavithi hospitals. The study found that the most concerns included health of new born babies, illness of their own, confidentiality of the HIV status and relationship with husband (Shaffer, 1996).

Regarding sources of information, the majority or 23 cases prefer learning information from medical officials. The rest want to learn from people living with HIV who have experiences and their friends. It should be noted that none prefer learning information from relatives, which includes spouse. However, as it was found that coping and adaptation ability mostly rely on relationships or support from family (Kompayak. 1998). This finding has raised-up the need in encouraging relative or spouse's participation in health education process inorder to give properly support these pregnant women at home. Group process discussion activities might be a tool to explore these ideas for possible intervention. The following graphic show preferable sources of information;

Table 4.4 Preferable Sources of HIV/AIDS Information

Sources	Number (n=30)	Percent
Relatives	0	0
Friends	2	6.6
PWAs	5	16.6
Health Professional	23	76.6

Regarding health education methods in the hospital, according to the interview questionnaire, it was found that the majority or more than fifty five percent prefer individual education and thirty percent prefer group discussion. The same as was true in the focus group discussion, even through the majority agreed on the benefits of

group meeting but when asked about the methods to be used, almost all preferred the individual approach from time to time.

Table 4.5 Preferable Health Education Methods

Health Education Method	Number (n=30)	Percent
Printing media distribution	1	3.3
Video – slide-radio cassette	1	3.3
Individual instruction	17	56.6
Group education	2	6.6
Group discussion	9	30

The finding that most people are concerned about confidentiality issue is not new given the nature of HIV/AIDS education. Aside from this, group members might prefer to individualize content which is a strength of individual instruction. However, it is good that the second and third preferences are group discussion and group education respectively. This could confirm the feasibility of using this approach. This finding also indicated that it is possible some pregnant women may never have an on opportunity to attend group discussion education. Group process education among this target groups therefore might be another preferable method if they understand group function and see benefits from group performance. Meanwhile, the finding has raised-up the issue on the important role of facilitator in instructing ideas and creating a positive atmosphere at the beginning of the project while members do not know each other. It is believed that, group functioning and group performance will be improved as

group relationships grow. After the target group has become familiar with this approach, the facilitator's role could be less. Regarding health education media, the following graph shows the preference for each media type:

Table 4.6 Preferable Health Education Media

Media	Number (n=30)	Percent
Newspaper-magazine	4	13.3
Printing media (Brochure, leaflet, books)	15	50
T.V.-radio	10	33.3
Video-slide show	1	3.3
Advertising board /exhibition	0	0

Even though it was found that the majority of the respondents have low to moderate education backgrounds, according to the questionnaires and focus group discussion, most prefer having printed media distribution. Regarding the same topic, when pregnant women during focus group discussion were asked, it was found most like printed media because they can read them at home. Some have bought books concerning HIV/AIDS from bookstores. This also could indicate concern about their health. Regarding media benefits, one pregnant women said she has shared education media from the ANC clinic with her husband who is also HIV infected.

Regarding health education media , according to the general interview discussion with involved staff, it was found that the hospital has a limited budget to

produce its own printed media. Meanwhile, distribution from the government or Thai Red Cross is also less and less due to limited budgets as well. However, problem of education media is not only the limited budgets but also the technical problems of educational content. In this regard, group process health education might be a solution for these problems. As in group approach, information sources are from the discussion and instruction in group. It is applicable to monitor the standardization of content and it is cost-effective to produce some good teaching media for demonstration or to encourage concentration. The printed media distribution can be an optional choice.

Summary of major recommendations for the Working Committee

1. The findings have raised-up concern issues regarding to support from spouse or family to pregnant women with HIV. The Working Committee should re-assess and follow-up to find out alternative for future interventions. Encourage husbands' participation to group discussion might be an alternative.
2. Most target pregnant women have low to moderate educational background, health education content or discussion topics should be presented in simple and understandable. The group should avoid using some complex or medical terms.
3. Majority of pregnant women with HIV prefer learning information from health professional through individual discussion. At the beginning of the study period, the greate concern should be on encouragement and clear instruction on group functioning including it's benefits is therefore needed.

4.5 Lesson learned and limitation

The initial plann for this needs assessment concerned both health education methods and health education content. There is much detailed information on both issues. The interview questionnaires in this study therefore are too long and require too many details especially on health education content. This has create some confution for both interviewers and respondents. Each questionnaire consumes an average of 20-30 in some cases it took almost an hour, which is, much more than first planned. Aside from the technical problems of the questionnaire, the reason it is time consuming is that the respondents have shared and asked their personal problems with the interviewers. **Future resolution regarding to this issue is that data collection for health education content should be done separately through another different approach**. Further techniques i.e. focus group discussions or questionnaires might be able to assess more in-depth information for some detailed topics

However, it should be noted that the active participation of respondents to the interview questionnaires has confirmed the need in having health education activities that include both physical and mental aspects. Another lesson learned from the interview questionnaires is that the interviewer needs to have communication techniques that focus on to the points themselves otherwise we will not be able to control the time since this approach is two-way communication. One notable advantage of this approach is the flexibility in assessing other information such as concerns about the delivery expenses and post-partum procedure.

Another limitation of focus group discussion is the difficulty in creating a cheerful group atmosphere. The experiences found that individual problems and expressions like crying effected others' feeling. This probably will occur in the proposed group discussion intervention as well. However, it should be noted that the expertise of hospital counselor in leading group has resolved the situation. The facilitator encouraged members who seemed past the distress period to share their very impressive experiences. This mutual support improved the group atmosphere. This situation could proves that the leader's role in focus groups is very essential to the success of the discussion.

4.6 REFFERENCES

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