



**THE EFFECTIVENESS OF THE SELF- HELP GROUP
TOWARDS THE CHILD CARE BEHAVIORS OF
HIV- INFECTED MOTHERS WITH ANXIETY
AT QUEEN SIRIKIT NATIONAL INSTITUTE
OF CHILD HEALTH**

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ผู้จัดทำวิทยานิพนธ์
จาก
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PUANGPORN KOJARANJIT: THE EFFECTIVENESS OF THE SELF - HELP GROUP TOWARDS THE CHILD CARE BEHAVIORS OF HIV-INFECTED MOTHERS WITH ANXIETY AT QUEEN SIRIKIT NATIONAL INSTITUTE OF CHILD HEALTH. THESIS ADVISOR: ROONGROTE POOMRIEW, M.P.H., Ph.D., SUREE CHANTHAMOLEE, M.P.H., Dr.P.H. CHANCHAI YAMARAT, B.Sc., M.S.P.H 100 p. ISBN 974-664-106-9

The objective of this study is to investigate the effectiveness of self-help group in child care behaviors of HIV-infected mothers with anxiety at Queen Sirikit National Institute of Child Health. The health education program is based on self-help group comprising HIV positive mothers with anxiety problems. The subjects were 50 HIV-infected mothers who took their children to immunological clinic in Queen Sirikit National Institute of Child Health, Bangkok. The data were collected through interview schedules before and after participation in a series of 4 self-help group sessions. Statistical methods included percentage, arithmetic mean, standard deviation and Paired Samples t-test.

The result of the study indicated that after participation in the self-help group, mean scores on knowledge about HIV infection /AIDS self care and child care were significantly increased while mean scores on their anxiety were significantly decreased and their child care behaviors mean scores were significantly increased (p -value < 0.001).

This study suggested that a health education program using self-help group for HIV- infected mothers was very helpful through sharing common experiences and thereby gaining knowledge in reducing anxiety and significantly improving the child care behaviors of HIV-infected mothers.

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นางพวงพร กอจรัญจิตต์: ประสิทธิภาพของกลุ่มช่วยเหลือตนเองต่อพฤติกรรมการดูแลบุตรของมารดาที่ติดเชื้อเอชไอวีที่มีความวิตกกังวล ณ สถาบันสุขภาพเด็กแห่งชาติมหาราชินี (THE EFFECTIVENESS OF THE SELF-HELP GROUP TOWARDS THE CHILD CARE BEHAVIORS OF THE ANXIETY HIV-INFECTED MOTHERS AT QUEEN SIRIKIT NATIONAL INSTITUTE OF CHILD HEALTH) คณะกรรมการควบคุมวิทยานิพนธ์: รุ่งโรจน์ พุ่มรีว M.P.H., Ph.D. สุรีย์ จันทรมณี M.P.H., ส.ค. ชาญชัย ยามะรัต วท.บ., M.S.P.H. 100 หน้า ISBN 974-664-106-9

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาประสิทธิผลของกลุ่มช่วยเหลือตนเองต่อพฤติกรรมดูแลบุตรของมารดาที่ติดเชื้อเอชไอวีที่มีความวิตกกังวล โดยการนำเอากระบวนการกลุ่มแบบกลุ่มช่วยเหลือตนเอง มาประยุกต์ใช้ในโปรแกรมสุขศึกษาสำหรับมารดาที่ติดเชื้อเอชไอวี ที่พำนักมารับบริการในคลินิกภูมิคุ้มกัน ณ สถาบันสุขภาพเด็กแห่งชาติมหาราชินี กรมการแพทย์ กระทรวงสาธารณสุข จำนวน 50 คน เก็บรวบรวมข้อมูลก่อนและหลังการเข้าร่วมกลุ่มช่วยเหลือตนเองครบ 4 ครั้ง รวบรวมข้อมูลโดยใช้แบบสัมภาษณ์ ก่อนและหลังการทดลอง แล้วนำมาวิเคราะห์ด้วยสถิติร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และ Paired Samples t-test.

ผลการวิจัยพบว่า หลังการเข้าร่วมกิจกรรมกลุ่มช่วยเหลือตนเอง 4 ครั้ง กลุ่มตัวอย่างมีคะแนนเฉลี่ยในเรื่องความรู้เกี่ยวกับการติดเชื้อเอชไอวีและโรคเอดส์ การดูแลตนเองและการดูแลบุตรสูงกว่าก่อนการเข้าร่วมกิจกรรมกลุ่มช่วยเหลือตนเองอย่างมีนัยสำคัญทางสถิติ ($p\text{-value} < 0.001$) คะแนนเฉลี่ยความวิตกกังวลลดลงหลังเข้าร่วมกิจกรรมกลุ่มช่วยเหลือตนเองอย่างมีนัยสำคัญทางสถิติ ($p\text{-value} < 0.001$) และคะแนนเฉลี่ยพฤติกรรมดูแลบุตรสูงกว่าก่อนการเข้าร่วมกิจกรรมกลุ่มช่วยเหลือตนเองอย่างมีนัยสำคัญทางสถิติ ($p\text{-value} < 0.001$)

ผลการวิจัยครั้งนี้ แสดงให้เห็นว่า การจัด โปรแกรมสุขศึกษาแบบกลุ่มช่วยเหลือตนเอง ในกลุ่มมารดาที่ติดเชื้อเอชไอวี มีประโยชน์ ทำให้มารดาที่เข้ากลุ่มได้แลกเปลี่ยนความคิดเห็นซึ่งกันและกัน ได้รับความรู้เพิ่มเติม มีผลทำให้ลดความวิตกกังวล และมีพฤติกรรมดูแลบุตรที่ดีขึ้น

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CHAPTER I

INTRODUCTION

1.1 Background of the Problem

Acquired Immune Deficiency Syndrome (AIDS) which is an immune suppressive disease caused by the Human Immunodeficiency Virus (HIV), is the main worldwide health and social problem at the present time. Nowadays, mortality rate from AIDS is increasing because there are no curative treatment and vaccination available for this disease. WHO estimates that in the year 2000, there will be 30–40 millions of HIV-infected patients and 12-18 millions completed AIDS patients. For HIV-infected population, it will consisted of 13 millions female, 10 millions children (5.5 millions orphans). (Pinprateep, P. 1996: 35)

In Thailand, Epidemiology Division, Ministry of Public Health (1999: 1) summarized AIDS situation on 31st August 1999 that

Total AIDS population	123,355
Male	97,390
Female	25,965
Maternally infected children	4.9 percent of total AIDS population
Symptomatic HIV patient	49,109

Report on situation of AIDS in Thailand by AIDS Division of Ministry of Public Health on 31st May, 1999 stated that in the year 2000, there will be 1.3 million HIV-infected patients and 470,000 AIDS patients (Epidemiology Division, 1999: 2)

Spreading of AIDS affects all age group of population especially in 15–44 years female age group whose 87 percent in this group is child-bearing people (Epidemiology Division 1999: 2). HIV surveillance for Thailand on pregnant women who attended ANC clinic in June 1998 indicated that there was an increasing percentage of HIV-infected rate from 1.55 in 1994 to 1.74 in 1997 and 1.87 in 1998 (Epidemiology Division 1999: 2). For pregnant women who attended ANC clinic in Bangkok, there were 1 percent HIV-infected women in 1991 and 2.1 percent in 1998. From study of Tissayakorn, U. (1996: 100) found that infected pregnant women could transmit HIV to their children during pregnancy or at the time of labour in rate of 20–46 percent. So increasing number of HIV-infected pregnant women caused increasing number of children bearing from HIV-infected mothers. Statistical report of Gynaecological infectious disease and female sexually transmitted disease from Obstetric and Gynaecological Department of Siriraj Hospital (1997: 1) stated that HIV infected rate in pregnant women in 1994, 1995, 1996 was continuously increased (1.96 percent, 2.31 percent and 2.5 percent). While report from ANC clinic in Rajavithi Hospital was indicated that the numbers of HIV-infected pregnant women in 1996, 1997, 1998 were 419, 361 and 262 respectively. Everyone who was born from HIV-infected mothers in Rajavithi Hospital would be sent to immunological clinic in Queen Sirikit National Institute of Child Health.

Queen Sirikit National Institute of Child Health has treated the children illness and HIV-infected children in immunological clinic. In 1996 numbers of AIDS patients and HIV-infected children have been treated in outpatient clinic and inpatient service were 1432 and 240 respectively while in 1997 there were 1,653 and 232 and in 1998 the number decreased to 924 and 210. Children who were born from HIV-infected

mothers in Rajavithi hospital would be sent to immunological clinic for taking care since their birth, feeding with artificial milk instead of breast milk. This clinic will serve HIV-infected mothers in term of post-partum self care and child care. AIDS children who were born from other hospitals were sent to this clinic too. Trend in increasing number of HIV-infected mothers and children who were born from these HIV-infected mothers causes important health and social problems. There will be many children die due to HIV infection transmitted from their mothers. Because of AIDS, many children especially younger than 5 years old, who are increasing in number will loss their parents. (UNICEF, 1991: 3)

HIV infection affects mothers' health in somatic, psychological and social aspects. **Somatic aspect:** When HIV infection occurs, it will decrease body immune system. Mothers will be fatigue, susceptible to infection and sometimes it will progress to symptomatic phase of AIDS very quickly and would be died finally (Bury, J. et al., 1992: 17–19). From study of Scott and colleagues (Scott, et al., 1987) that followed HIV-infected women in postpartum period showed that about 80 percent of women in postpartum period would progress to stage of AIDS–related symptoms and stage of AIDS in 25–30 weeks postpartum period. It made mothers have to be treated as inpatient for many times. In HIV-infected person, development of opportunistic infection depends on their self health care. Effect on psychological aspect of HIV-infected person results from anxiety due to understanding that they would die from AIDS in short time even though there are no any symptoms at that time. But psychological problem would be caused worse. (Homsupaya, T. 1995: 2)

Psychological aspect: When woman was infected by HIV, changing in somatic, psychological and social aspects will cause problems in term of taking care her family,

especially for mothers whose her baby is totally dependent. It makes mother taking care her baby not so good as it should be. Children who were born from HIV-infected mothers would get about 20-35 percent chance of HIV infection and would die within 1–2 years after development of full blown AIDS. Children who are not infected by HIV from mothers, should be followed up to 18 months for looking for HIV infection. During this period, if baby develops any symptoms even though they are manifestations of HIV infection or not, parents will be suffered from anxiety and fear that these symptoms may be related to AIDS. In addition, if anyone of parents suffer from HIV infection, another one will get more anxious and fear. **Social aspect:** It is very common to be found that HIV–infected mothers are separated from other persons. Nobody wants to contact them. The impact is HIV–infected mothers will get less social facility. Problems in epidemic of AIDS manifest in many patterns. From psychosocial affection, most HIV–infected person does not want to let other people know that she was infected by HIV. Because most HIV–infected person could not spend normal life in society and they are limited in pattern of daily life and career. Impact from many aspects cause HIV–infected mothers less taking care than her child especially in baby who is not infected by HIV, needs health care as normal child.

From pilot study by in-depth interview about perception, thinking, need and problem of HIV-infected mothers from twelve HIV-infected mothers who took their children to immunological clinic in Queen Sirikit National Institute of Child Health was conducted. Main topics were thinking about health problems, perception to AIDS, need to keep it secret, searching for reference person, thinking about treatment, hospital service and need for self-help group. Data were analyzed for factors which

influenced to habit in caring baby of HIV-infected mothers in model of PRECEDE Framework of Lawrence W. Green. Results are:

Anxiety: There were six mothers felt anxious about their health problems. They feared that they would be sick and die, get symptoms, fear that family would know and hate them. Their mental health got worse. They were anxious about their children's problems. They fear that their children would get the disease and feel anxious about child illness, caring and learning at school. They didn't know that if they got sick, who would took care their children. When they took their children to hospital, they feel that their relatives and other persons may know. There were two mothers wondering about hospital expenses when their children had to be treated as in-patient. For self care: Ten mothers did very well about food for their children. But there were inadequate time for rest in everyone due to anxiety and caring children at night. Ten mothers said that there were no time for exercise. In term of mental health: Ten mothers were worried about infection, worried that relative may know and hate them. There were two mothers said that they did not have any problem and care.

About keeping in secret: Two mothers want to keep in secret because they fear that everyone would hate them. But one of them felt very anxious in keeping in secret. Seven mothers told their husband because their husbands took the disease to them, they should take the responsibility. Two husbands escaped after knowing the truth, one husband died, two husbands developed AIDS symptoms at that time, three mothers told their mothers and relatives because they need help.

Opinion about treatment and hospital service: Ten mothers said that they got good service but sometimes there were no time to talk with the doctors due to many patients.

About self-help group: All of them wanted to attend self-help group. Eleven mothers wanted to share opinion with others, so they could solve problems together. One mother was not sure that how group could be help her. Everyone said that HIV-infected mothers group should be held in hospital by health personnel. Nobody has ever attended the group like this.

Information from in-depth interview showed that HIV-infected mothers were worried about health problems of themselves and their children. They wanted to keep HIV infection in secret. Service in Queen Sirikit National Institute of Child Health was good. Nobody has ever attended the HIV-infected mothers group, and believed that it was very important to conduct the self-help group in hospital.

Self-help group is one of popular methods at the present time. It encourages person to knowing themselves, rescue themselves, take care themselves and etc. Aim of group is to help the members contribute a share together. Self-help group is a kind of manner for decreasing mental suffering. Each member will give and take help from each other. Self-help group under the health personnel will make the patients get simple explanation about the disease from infected person and get line for management. This will make the patient be able to get along the problems as other person does.

Data from literature review and pilot study as mentioned above suggested that self-help group for HIV-infected mothers should be held in Queen Sirikit National Institute of Child Health, because of increasing number in children born from HIV-infected mothers and AIDS children in immunological clinic. Researcher planned to organize self-help group in HIV-infected mothers, assess the result after conducting self-help group in terms of level of anxiety, child care behaviors and opinion of HIV-

infected mothers about the group, role of health personnel and problems in attending group. Researcher thinks that this study will be the line for management about anxiety of HIV- infected mother which affects child care behaviors.

1.2 Research Question

Does health education and health promotion program by using self-help group affect the decrease level of anxiety and child care behaviors of HIV-infected mothers?

1.3 Objectives of the Study:

1.3.1 General objective

To assess the effectiveness of the self-help group in reducing anxiety and promotion of child care behavior of HIV-infected mothers.

1.3.2 Specific objectives

To assess changing in HIV-infected mothers in the following aspects

1. Anxiety of HIV-infected mothers after attending self-help group decreases.
2. Knowledge on HIV infection, self and child care is better than before.
3. Child care behaviors of HIV- infected mothers after attending self-help group is better than before.
4. Study on opinion of HIV-infected mothers about self-help group is widened.

1.4 Research Hypothesis

1. Anxiety of HIV-infected mothers will decrease after attending self-help group
2. After attending self-help group, HIV-infected mothers will gain more knowledge on HIV infection, self care and child care.

3. After attending self-help group, HIV-infected mothers will gain more practices and behavioral change on child care behaviors.

1.5 Research Variables

1. Independent variables: Self-help group activities

2. Dependent variables

2.1 Level of anxiety in HIV- infected mothers

2.2 Knowledge on HIV infection, self care and child care

2.3 Child care behavior

3. External variables: age, occupation, level of education, family income and expense, number of children, marital status

1.6 Scope of the Study

The scope of this study focused only on:

1. The HIV-infected mothers were those who had the child attending immunological clinic in Queen Sirikit National Institute of Child Health, Bangkok.

2. The evaluation of the self-help group was conducted within five months prior to participating in the program between November 1999 and March 2000.

1.7 Operational Definitions

For the purpose of this study, the following terms were defined to establish a common frame of reference:

Effectiveness refers to results or changes in level of anxiety, knowledge on HIV infection, self and child care after attending self-help group activities for 4 times comparing to pre-attending of HIV- infected mothers.

Self-help group refers to group of HIV-infected mothers joining for sharing knowledge, experience and opinion so they can give and take to each others among HIV-infected mothers who take their children to immunological clinic in Queen Sirikit National Institute of Child Health. Members in the group meet together 4 times on selected date.

Anxiety refers to conditions that HIV-infected mother is worried and agitated about AIDS symptoms and other persons know that she was infected. Others will object. She gets worried that her child will be infected and symptoms of her child will present. It will be presented in emotional and physical manifestations which can be measured through interview schedule developed by William W.K. Zung translated into Thai by Samitakadsatrin, S. (1985: 23-24).

Knowledge on HIV infected, self and child care refers to ability of HIV-infected mother to recall and understand about HIV-infection and impact on HIV-infected mother, pathology of HIV, modes of HIV-transmission, self care about HIV-infected by themselves, child care about health promotion and immunization, feeding, supplementary food and about caring of HIV-infected / AIDS child.

Child care behavior refers to behaviors of mothers in caring her children about adequate requirement of food, proper immunization, body cleanliness and caring ill child.

HIV-infected mothers refers to mothers who got HIV during pregnancy confirmed by blood test showing positive antibody to HIV and took her child to immunological clinic in Queen Sirikit National Institute of Child Health.

CHAPTER II

LITERATURE REVIEW

This research aims to assess model or method using for reducing the level of anxiety and enhancing knowledge and child care behavior of HIV-infected mothers who took their children to attend immunological clinic at Queen Sirikit National Institute of Child Health, Department of Medical Services. Literature reviews are shown as follows:

2.1 Knowledge about HIV Infection and Child Care.

2.1.1 HIV infection and impact on HIV-infected mother.

2.1.2 Child care.

2.2 Related Concepts and Theory.

2.2.1 The self-help group.

2.2.2 Anxiety.

2.3 Related Research

2.3.1 Research related to HIV-infected mother.

2.3.2 Research related to the self-help group.

2.4 Conceptual Framework

2.1 Knowledge about HIV Infection and Child Care.

2.1.1 HIV infection and impact on HIV-infected mother

AIDS stands for Acquired Immune Deficiency Syndrome. It is a disease caused by the Human Immunodeficiency Virus(HIV). The HIV damages the body's

immune (defense) system by predominantly destroying a certain type of white blood cell (T-helper cell or CD4 lymphocyte). The infected person becomes defenseless against a variety of common germs. As a result, she develops unusual infections and tumors and may eventually die from these complications.

Pathology of HIV

HIV is an extremely small virus and is spherical in shape. HIV is simple in structure: it consists of an outer protein shell and an inner core of genetic material. When the outer shell is damaged, HIV can no longer infect people, it cannot survive outside the human body. It can easily be killed by heat, disinfectant, household bleach and even exposure to air.

HIV attacks a kind of white blood cell (T-helper cell or CD4 lymphocyte) and cells in the nervous system. When HIV attacks the T-helper cells, its genetic material becomes incorporated into the host cells. At this stage, the virus may persist in the human cells in a dormant state. Once the dormant infected T-helper cells become activated, the viral genetic material is triggered to make more copies of the viral genetic materials and proteins. As a result, thousands of new HIV are produced within each infected cell. The newly-produced HIV, upon release, can in turn infect other healthy T-helper cells. Thus, HIV causes the T-helper cells to decrease in number and cease functioning effectively. Since these cells are important components of the body's immune system, the result is a progressive loss of immunological functions. AIDS represents the late stage of the HIV infection, which is characterized by the occurrence of opportunistic infections and tumors. Owing to the integration of HIV into the human genome, it is very difficult to eradicate HIV

from the body. HIV also alters its genetic structure at a rapid rate. These properties increase the difficulty of developing an effective vaccination against HIV.

Modes of HIV-transmission

HIV may be found in body fluid such as blood, semen, vaginal fluid, breast milk, saliva, tears, urine, sweat and sputum. Body fluids which have been linked to the transmission of HIV include blood, semen, vaginal secretion and breast milk. HIV is transmitted predominantly through three routes:

1. Sexual contact

Transmission of HIV can occur during sexual contact (homosexual or heterosexual) with an HIV-infected person.

2. Infected blood

Transmission can occur through the use of HIV-contaminated needles and instruments, e.g. sharing of needles and syringes by intravenous drug users, and through the transfusion of HIV-infected blood or blood products.

3. Mother to infant

Infected women can pass HIV to their baby during pregnancy, delivery or breast feeding. From the study of Tissayakorn, U. (1996: 100–101) found that percentage of HIV-mother to infant transmission during pregnancy and delivery about 20–46 percent and studied by Meta-analysis found that postpartum transmission via breast feeding about 7–22 percent.

Epidemic of HIV infection in mother

Stage 1. Only found in high risk group such as homosexual which most of them get infection from foreigners.

Stage 2. Very quick spreading of HIV infection especially in intravenous drug users who share needles and syringes.

Stage 3. Gradually increasing through sexual contact especially in prostitutes.

Stage 4. Found in men who have sexual contact with prostitutes in conjunction with spreading of infection in prostitutes.

Stage 5. Found in generalized women and infants that occur after men who have sexual contact with prostitutes spread infection into generalized women, housewives, when these women get pregnancy, HIV spreads to infants. The number is gradually increased.

Impact on mother from HIV infection

Physical, psychological and social effects on HIV-infected mother are:

Physical effects

Whenever anyone receives HIV, the health status will imbalance according to severity of the disease. After infection, physical symptoms will range from no symptom to appearance of disease. Severity of the symptoms varies depending on self care and health status. From the study in United State of America found that 25–50 percent of asymptomatic HIV- infected person will turn to AIDS within 5–10 years (Duchy, 1991: 716). From the study of Scott, et al., (1987, cited by Chaisilpwatana, P. 1993: 6) found that 80 percent of mothers in postpartum period would turn to AIDS-related symptomatic period and symptomatic within 28–36 months. When they turned to symptomatic period, they would get opportunistic infections or frequent illnesses e.g. weakness, loss of appetite, weight loss, chronic diarrhea, chronic cough and dyspnea due to spreading of infection to respiratory system. These symptoms suffer HIV-infected person, so they need long time of treatment, as well as, ability to self

care gradually decreases. When they turn to AIDS, they will be cachectic and may get Kaposi's sarcoma which is a kind of skin malignancy. It causes chronic illnesses. Patient may have psychological symptoms or neurological problems such as premature forgetting, perception reduction, visual abnormality etc. HIV-infected mother will get these symptoms too.

Psychological effects

The first time anyone is diagnosed HIV infection is the critical period. There are various manifestations in each person. Someone may feel shock, denied, unaccepted, fear and panic. They fear that other people will reject them. They feel unstable, discouraged and hopeless. Someone may attempt suicide to avoid the problems (Thanipanichkul, S. 1994: 39–49). When disease progresses, HIV-infected persons cannot do their jobs or may be retired because of illnesses and frequent breaking off. It will cause HIV-infected persons get more anxious about their expense and health status. Someone could not accept their appearance. Increasing anxiety causes them feel less useless. The importance impact is intolerance. They do not energize to face with the illness that will cause their health worse and finally died. HIV-infected mothers will get psychological effects as same as other HIV-infected persons.

Social effects

Increasing number of AIDS patient in any society will cause the population feel fright, anxious and fearing that they will get AIDS. Population will make stigma or blemish to HIV-infected persons. It destroys their happiness, hope and future. Everyone in society holds in contempt, so they could not happily survive in that society (Kelly and Laurence, 1988: 88-130). They are neglected and refused to having

the proper medical services (Tanprasertsook, S. 1991: 2). HIV-infected mothers will get social effects like other HIV-infected persons.

As mentioned above, HIV-infected mothers will get physical, psychological and social effects. As a result, they may not properly behave child care that directly causes child's health. So the children do not grow or develop as other children. (Sornmanee, V: 1996: 117–119).

2.1.2 Child care

Duty of parent is to take care their children with love and attention. Children should have good health in physical and psychological aspects, intelligence, learning, emotion and adaptation to stay happily in society according to individualism. As well, children would be refuge for themselves, family, society and nation (Ariyasriwatana, C. cited by Kojaranjit, P. Editor, 1996: A1–A4). Children who grow and develop to be an adult with ability and success in life according to individualism should completely have growth and development in three aspects as follows:

1. Physical growth and development

The important things for promotion of growth are food they eat, beverage they drink, proper relaxation and sleep, playing, exercise, cleanliness of food, drink, clothes and other things need for daily life. Children should get resorts and environments without pollution, as well as, they should have immunization too.

2. Mental growth and development

Mind, intellectual, thought and learning will develop if the child gets proper stimulation and closely taking care with love and attention. What the children need from parents are interested what they do, closely hold and kiss, talking, singing, spinning yarns, joining the activity together, answering their questions, teaching them

everything such as parts of body and many things like an external environments. Parents should send their children to school for learning and hoping.

3. Growth and development in emotional and social life

When children grow up, they have to learn how to happily stay in social life.

Children will be able to live with other persons if they get love, family ties and understanding from parents and family. If they know that parents love them and do everything for them, they will love their mother first. After that they can develop love to father and other persons in family. So they can make good relationships to other persons too.

Health promotion and immunization

The topics cover the following:

1. Food. Children should receive recommended nutrition according to age. It should be clean and should not be contaminated with germs, fungi and toxic elements such as chemical elements, improper colors, pesticides. Food should be properly cooked and clean. Milk and drinking water should be clean too.

2. Personal hygiene. Children should wear properly clothes according to weather. They should have proper house, suitable environment, body hygiene, dental health, bowel habit and urination.

3. Relaxation. Children should have proper and adequate relaxation including sleeping, exercise and playing according to their age.

4. Immunization.

Feeding

Infant and young children need more calories and nutrition per body weight than adult because of rapid growth. Food for infant and young children are milk,

supplementary foods and essential components of basic foods (Ratanachu-ake, S. cited by Kojaranjit, P. 1996: B1–B8).

Principle of milk feeding.

1. Mother should be in relaxation state. She should hold her baby on the lap. Baby's cheek should be close to her chest. This manner will give baby get close contact and feeling warmth from mother during breast feeding.
2. Properly feeding is necessary when baby is hungry.
3. At first, milk feeding should be given for 5–20 minutes every 2–3 hours or 1–2 ounces and after that, baby need more. So 3–4 ounces of milk should be given every four hours. After six months of age, about 7–8 ounces of milk should be given for four times a day. Baby who gets adequate amount of milk should sleep for 2–4 hours, body weight will normally increase.
4. Do not always feed baby with glucose solution because it is sweet, so baby will reject milk which is not sweet.
5. Feeding between meal with 0.5–1 ounce of boiled water or more if baby loses excessive sweat could be done, but don't feed too much.
6. Belching after milk feeding would be putting across the shoulder or sitting on the lap for patting on the back and then letting baby lie on right side in purpose of easy passage of milk through stomach and small bowel and reduction of retching.

Supplementary food.

Infant should be received supplementary food at 3–4 months of age in purposeful of learning to know various tastes and kinds of food. So infants could develop and learning about eating other foods beside from milk. Supplementary foods should not be added into milk bottle for sucking because infants would not develop

how to eat apart from sucking which affects development of eating habit after milk weaning. Most supplementary food should be prepared from mixing of various kinds of food. However, milk is the main food in first year of life.

Principle in administration of supplementary food.

Supplementary food should be started giving about 1–2 teaspoonful once a day and gradually increasing as follows:

Table 1: Supplementary foods for infant.

Age	Food
3– 4 months	- Start with fruit juice, ripe fruit e.g. orange juice, flesh of ripe banana etc. Then add fine ground rice mixed with vegetable water, clear soup, ground boiled egg yolk only once a day.
5 months	- Mixed with fine ground fish.
6 months	- Mixed with vegetables such as fine ground boiled pumpkin, gourd leaf, ipomoea, pork, ground chicken etc. in alternative for replacement of one meal of milk.
7 months	- Mixed both egg yolk and white egg, trained to pick food by himself because infants start picking thing with their fingers and they teethe, crackers should be given too.
8 – 9 months	- Ground rice mixed with meat, liver and boiled vegetable should be used instead of 2 meals of milk. Sweets may be given.

Table 1: (Cont.) Supplementary foods for infant.

Age	Food
10 –12 months	- All kinds of crude ground food can be given for 3 meals, trained to drink water from glass and used spoon to dip up food.

Food for preschool age children

Preschool age children should have food similar to adult food. He should have three meals of essential componce in each day. Milk should be supplementary food. The essential componce of food are

1. Meat, poultry, fish, eggs, milk, cheese, dry beans and nuts group for body growth.
2. Rice, flour, noodles, bread and sweets provide energy.
3. Vegetables provide vitamins and minerals, so various organs can fully work
4. Fruits group
5. Fat, oils provide energy and helps in absorption of some vitamins.

Food should be soft and suitable to be cut in small pieces. It should not be intense the taste or hardly digested. Protein from meat is more worth than protein from plants. Child should receive vegetables and fruits for better growth and development. At two years of age, if the child is able to use spoon by himself, parents should let him dip up by himself or drink milk from glass. In the mean time, parents should not force him to eat because he will reject and deny eating.

Cleanliness is very important because if food is contaminated, children will suffer from diarrhea.

Immunization

Although parent are cautious in cleanliness and health promotion, children could be easily infected by various organisms because children have not had immunity as adult has. Organisms may be in food, milk, drinking water, clothes and environment. Sometimes children get organisms from infected persons. Some organisms cause severe diseases. At the present time, there are many kinds of vaccine which produced for prevention or reduction the severity of the diseases. Children should have vaccine immunization as Ministry of Public Health's recommendation.

Table 2: Immunization schedule of the Ministry of Public Health's recommendation

Age	Vaccines
At birth	- BCG, 1 st Hepatitis B vaccine (HBV)
1 month	- 2 nd HBV (if mother is carrier for Hepatitis B virus)
2 month	- 1 st DPT, 1 st OPV, 2 nd HBV (if child hasn't been immunized at 1 month old)
4 Month	- 2 nd DPT, 2 nd OPV
6 month	- 3 rd DPT, 3 rd OPV, 3 rd HBV
9 – 12 month	- 1 st Measles, Rubella, Mumps Vaccine or only Measles vaccine
1 ½ year	- 4 th DPT, 4 th OPV - Japanese encephalitis vaccine, 1 st and 2 nd in 1–2 weeks interval

Table 2: (cont.) Immunization schedule of the Ministry of Public Health's recommendation

Age	Vaccines
2 ½ years	- 3 rd Japanese encephalitis vaccine
4 – 6 years	- 5 th DPT, 5 th OPV - BCG (in case of no scar from previous injection) - Measles, Rubella, Mumps vaccine (in case of no previous immunization)
11 – 12 years	- 2 nd Measles, Rubella, Mumps vaccine
16 years	- DPT and repeat every 10 years

Caring of HIV-infected /AIDS children

Blood test in children younger than 15 months old who were born from HIV-infected mothers is uncertain to notify that children were infected with HIV or not. So blood test should be done after 15 months of age (Jandeying, W. 1997: 30–32).

- In case of no infection, child would have normally growth as other children.
- In case of HIV infection / AIDS symptoms usually appear very soon. For

how long children will survive, depends on treatment and health care. Closely person should help and understand how to care as best as he can. Do not worry how long the children can survive for their life because nobody knows what would happen in the future. The caring of HIV-infected /AIDS children should be:

1. **Adequate food**, the best food for children younger than 4–6 months is milk. In case of HIV-infected mothers, milk powder should be used. However, parent should be careful about cleanliness of milk bottle and water, otherwise children will

get infection in alimentary tract. For child older than 4–6 months, he would have supplementary food either soft or normal diet as optional, all equipment such as bowl, cup and spoon need to be cleaned with dishwashing liquid and water.

2. **Immunization**, children should be received vaccines as schedule except oral polio vaccine. BCG vaccine should not be administered if children get AIDS symptoms.

3. **Proper treatment for other infections**, prevention of infection should be done by hand washing after using toilet and before meal. Be careful about children taking unclean material by mouth, take children to convenient hospital for proper treatment if they get infection. Do not frequently change hospital.

4. **Care as normal child**, HIV-infected children without AIDS symptoms can go to school and play as normal children except they are sick.

From report of Falloon, et al.,(1988 cited by Chantapreeda, N. 1993: 2) stated that children who showed AIDS symptoms within first year of life would survive no longer than two years. If children showed AIDS symptoms after 1 year old, they would survive approximately for five years. For child who gets HIV after birth will survive longer than five years as HIV-infected adult (Farher, 1992: cited by Chantapreeda, N. 1993: 2). So person who take care of children should do as follows:

1. **Promotion in nutrition**, HIV-infected children usually get nutritional problems from two causes, first children take inadequate food for body requirement due to anorexia, fungal infection in throat, infection in oral cavity, pharynx and respiratory tract which interfere eating. Second, children loss excessive energy from chronic illness. So children should receive good nutritional care for better growth and development as follows:

- Take adequate amount of five groups of food in each meal. Food should provide high calories. Meat, milk, egg and protein from plant such as soybean milk, bean and curd should be added. Artificial milk should be used instead of breast milk in case of baby. Use artificial milk, which provides high calories (24 or 27 calories per ounce). For toddlers, supplementary food should be added.

- Children who are in illness stage should take proper food, in case of diarrhea, fever or inability to take solid food they should have soft or liquid diet such as rice gruel or milk.

2. Promotion in development, HIV-infected children usually develop slower than normal children due to opportunistic infection, malignancy and spreading of HIV to brain. There are deficiency in skills, so they should get motivation and promotion in learning ability to do activities as normal children do, such as playing with same age group and provision of proper toys.

3. Promotion in immunization, HIV-infected children should receive immunization as same as normal children. However, which vaccines should be administered depends on health status at that time whether the children show any symptoms of AIDS. Tuberculosis has been developed and being major problem in Thailand, so BCG vaccine and polio vaccine should be administered to children who do not show AIDS symptoms. If children show AIDS symptoms, BCG vaccine should not be administered, while oral polio vaccine should be replaced with injection type polio vaccine. Measles or MMR vaccine should be administered to both asymptomatic and symptomatic children because complications of vaccine administration are lesser than severity of disease in the children.

4. **Drug administration**, when children get sick, they should take fully remedy. They should get close up cares. Drug adverse effects should be observed. Children should be prevented from opportunistic infection. If children show any abnormal signs and symptoms, doctor should be consulted for proper management.

5. **Prevention of infection and illness child care**, because of low immunity, children usually get the opportunistic infection, infection should be prevented. When children pass the feces or urine, napkin or clothes should be changed. Skin should be kept dry. Children shouldn't be taken in crowded area. Food should be prepared in proper cooking for prevention of diarrhea. If children get fever, cough, respiratory difficulty, diarrhea, earache or any abnormal signs and symptoms, they should be taken to see the doctor for proper management and treatment.

2.2 Related Concept and Theory

According to HIV infection/AIDS is severe disease and there are no any medicines or treatment can cure this disease. HIV-infected mothers are a group, which get physical and psychological problems. They have to take care their children as well. It should be better if HIV-infected mothers can express their anxiety, discovered solution for problems about disease, self care and child care. They usually do not want to let other persons know, they want to speak with persons who get the same problems. So self-help group is a good program has been applied for this research.

2.2.1 The self-help group

From literature reviews, it found that many authors who studied self-help group defined the meaning of self-help group as follows:

Silverman (1969, cited by Newton, 1984: 28) stated that self-help group was a mode of presentation in purpose of reducing mental suffering which may causes

pathological symptoms and should be managed. The program self-help group would support each other, solve problems, helped the others learn how to face with the problem. Everyone should have an act of giving and taking.

Robinson (1985: 109) stated that self-help group helped each other and let the members in the group make trustfulness, conviction, new relationships and had a new way of life.

Paskert & Madara (1985: 25) stated that self-help group was an organization of persons who have same characters in purpose of help each other between the members in the group organized by the members. They were willing to be the members, so group strategy would give the chance for education and skill practice.

David & Kuruvilla (1988: 283–284) stated that self-help group was a model of providing help from one patient to the other patients or was a group of patients who got the same disease. Group would help the members find out safety fundamental, relationships and help each other.

Lipson & Steiger (1996: 253) stated that self-help group was a group of friends who helped each other and faced to face with each other. Members of the group would get help from each other who had the experiences from the same situations. They would discuss about sensation, exchange information and advise the practice to facing with any situations.

Chanthamolee, S. (1999: 88) stated that self-help group meant promotion of self-understanding and self help, which members got the same problems. Aim of group was members in the group helping each other to improve mental health and empower for self help. To make a good relationship between the members made them know more, improve their behavior and thought. They would know how to solve the

problems, get rid of problems and make better care to themselves.

From the meanings mentioned above, it can be summarized that self-help group is organization of willing persons who get similar problems or same disease other than for exchange their experiences about their problems and discuss in purpose of searching for solution of the problems. Group will be organized by the members to helping each other in order to facing and efficiently managing the problems.

Basic Principles of self-help group

- Person can get help from experienced person.
- Group discussion about past experience.
- Help each other for adaptation.

(Lipson & Steiger, 1985 cited by Chunhawatt, D. 1989: 265).

Chanthamolee, S. (1999: 89) stated that basic principle of self-help group was persons who succeeded in solving critical problems and managing their activities. It was a good example for other persons who could get some problems, so they could give some help and advice any person who is in the same environment.

Mechanism of Self-help group

Robinson (1985: 110), Gilbey (1987: 23–24), Chunhawatt, D. 1994: 277–278) mentioned about mechanisms of self-help group as follows:

1. “All members get the same problems” gives the feeling of “Being in the same boat”. This feeling makes everyone know and thoroughly understand what the problems are, not only the theory. So it makes members eager to having activities in purpose of problem solving.

2. Effect from helping other members always turn to themselves because members who help others regularly does the activities. So he/she gets more skills.

3. Suggestion from members is usually practicable which they have never got from the experts, family or friends unless that persons got the same problems.

4. Friendly sharing the experience with persons in same group lets them freely express suffering, fear, anxiety, hopelessness and other problems. They know that other members understand and accept these things, so they can get help and fully empowerment.

5. When members have chance to help other persons in term of giving information, knowledge and empowerment, it makes them feeling they are useful and accept their illness and health status.

6. Because of contacting with the person who gets the same problems, so they do not feel lonely and they are not different from others. It makes them to go back to face to the social.

7. Friendship from being the same group makes them accept each other according to the basis of understanding and sympathy. It leads to accept suggestion to change behavior in purpose of solving the problems.

8. Observing the persons who get problems can successfully solve makes everyone accept that person is the good example of through understand person. Everyone should behave as he does. Members feel that they could face and solve their problems too.

Specific characteristics of self-help group

Self-help group has specific characteristics, which are different from other groups in social. Killilea (1970, cited by Robinson, 1985: 109–110) mentioned to characteristics of self-help group as follows:

1. Members are persons who have similar experiences, so persons who give

and take helps have similar problems.

2. Members who give helps, be willing and willpower to each other between the members. All activities are regularly proceeded by members.

3. Members get best benefits from sharing the experiences which each member encounters.

4. Group would help members have better self imagination, reduce social separation, change their idea of being different from others to accepting that other members get the same problems.

5. Group would make the members willing and trusting from observing the problems and good result in solving other members' problems. It makes them willing and having the better intention.

6. Group would give important information to members which will make them thoroughly understanding their problems in mental level.

Apart from that, Steiger & Lipson (1985, cited by Chunhawat, D. 1994: 271) added specific characteristics mentioned by Killilea as follows:

1. Members are willing to attend groups.

2. Policy of group is members will learn by doing and behaviors will be adapted by doing.

Chanthamolee, S. (1999: 90) added specific characteristics as follows:

1. Group organization may be initiated by patients who got problems and Health personal who wants to do.

2. Self-help group is organized and proceeded by persons who got problems. Someone in group may have power or ability in management. Group leader is the person who gives help. Group of persons who succeeded in solving the problems may

organize the group for help other persons.

3. There should be health personals or experts in the problems join the group.

So they can share experiences, give knowledge, new technology and skill practice.

4. Group which is strong enough could be organized the assembly and association.

Objectives of self-help group

Each self-help group has specific objectives. Robinson (1985: 110–111) and Calman & Welsh (1984: 585) summarized the objectives of self-help group as follows:

1. To reduce the sensations interfering daily life such as fear, anxiety, stress, depression etc.

2. To be willpower the members to accept the truth, dare to face with the obstacle or any problems. Let the members know that not only the member but also other persons get the problems and someone get more.

3. To help members adapt to new situations or environments e.g. helping breast cancer patients to be adapted after mastectomy.

4. To make sense of usefulness in social by joining in problem solving of member, being helper.

5. To control unwanted behaviors by motivating members who suppress and hold back temper, over or inappropriate requirement e.g. alcoholism groups, obesity groups.

Amount of members in group

Amount of members in a group is very important in proceeding of group. It should be settled by a group leader. However it depends on characteristic and objectives of group and ability of members to get benefits from information they give (Marram, 1978: 151–153). Amount of members affects relationship of members in

their group. More members make more thoughtful but it may be difficult to control and persuading to join the activities. There may be subgroups because of the large amount of members. However, the less members may cause tightness and anxiety (Margo, 1985: 65, cited by Srichairattanakull, J. 1998: 52). Amount of members in group affects intention and ability in exchange or express thought and feeling to other members (Davies, 1994: 489).

Amount of members should be more than 3 but lesser than 20 persons. For small group, there should be 5–7 members so they can make close relationships. If they want bigger group, members should be about 8–12 persons. This group should be suitable to make close relationships and most compact. If group is bigger than this, participants would be less because members have less relationship (Marram, 1978: 151–153). Barker, Wahlers, Watson & Kibler (1991: 8) stated that amount of members in a group should be about 3–15 persons which will make effectively relationships.

Pattern of group meeting

Members should sit in circle and face to face to each other. It would make more satisfaction because members can closely communicate and feel better (Marram, 1978: 151–153)

Timing for group attendance

Timing for group attendance should be the time, which almost of members are free from other activities. Date and time should be fixed. Starting and ending time should be punctual. The duration of time should be about 1–1½ hours, frequency about 1–2 times per week, while amount of group member attendance should depend on objectives of group (Marram, 1978: 152 – 153)

Place for group attendance

The place should be in good privacy, quiet, calm, lack of noisiness. Place and environment should be suitable for learning e.g. not crowded, comfortable seat etc. (Marram, 1978: 151–152)

Role of group leader

1. Makes an energetic environment. Let everyone feel free to express their feeling and thought for any problems encountered and finds out solutions for the problem together. However, the situation should not be too tight for prevention of affection on each other.
2. Motivates the relationships between the members and guide them exchange their thought.
3. Give and take any suggestions to each other together.
4. Being impartial, good listener, not monopoly in talking, pay attention to everyone's problems.
5. Controls the progression of group in each step until the end of group attendance to achieve the objectives.
6. Summarizes the group progression, result of discussion and conclusions.

Role of member of self-help group

Successful of the self-help group depends on members, which should have character of “co-leader”, so they can control the group to achieve the goal and motivate each others to have willpower.

Roles of members in the self-help group are

1. Motivating, supporting and listening to each other in the group discussion.
2. Offering suggestion to the group.

3. Asking for more information when having questions.
4. Helping solving conflict to reduce stress and affectation in the group.
5. Making suitable environment which make them feel comfortable.

Benefits of attending self-help group

1. Members in the group can adapt themselves into new situation or environments, so they can take care themselves more.
2. Reducing level of suffering sensations such as fear, anxiety, depression, stress etc.
3. Being capable in control unwanted behavior because members are willing to suppress and hold back temper, over- or inappropriate requirement.
4. Being adaptation to have happy normal daily life and staying well with other persons in the family and social.
5. Feeling of usefulness due to handling in solving problems of the members in the group make them having chance for taking and giving feedback.

2.2.2 Concepts of anxiety

Anxiety is an endogenous feeling of hopelessness and inadequacy, not a reaction to any particular danger. Anxiety is one of the three major mental disturbances: the others are depression and stress. Almost of all mental disorders are accompanied by anxiety symptoms.

Anxiety is the apprehensive tension or uneasiness that stems from the subjective anticipation of imminent or impending danger, in which the source is largely unknown or unrecognized. It is an alarm reaction and the origins are internal and not readily determined (Graham, 1971: 113–122).



Anxiety is an emotional response to some stimulus and also accompanies the anticipation of some future threat or danger (Narrow & Buschle, 1987: 377). Anxiety-ridden people expect horrible things to happen and doubt their ability to cope with them. Anxiety is a state of apprehension and worry, often associated with inability to cope with true or imaginary hardships. It is continuously unhappy and pessimistic state irrespective of existing or non-existing dangers, and anxiety-ridden people do not believe that anyone can save them.

To understand the phenomenon of anxiety and the nature of anxiety disorders, one should know that anxiety is an emotional response. It has adaptive significance for humans in order to respond to objective danger. The evocation of anxiety in response to misperceived or exaggerated danger may lead to maladaptation. Individuals with anxiety disorders are prone to precipitate false alarms that create a relatively constant state of emotional tension and subjective distress. The effects of anxiety involve an individual's cognitive, physiological, motivational, affective and behavioral systems (Wolkman & Stricker, 1994: 77).

The level of anxiety occurs along a continuum from an absence of anxiety that may be unusual or unhealthy to state of severe anxiety or panic in unhealthy too. Middle level of anxiety can produce behavioral which is directed either toward active efforts to relieve and reduce anxiety, or toward escape and avoidance. The levels of anxiety are divided into mild, moderate, severe anxiety and panic (Narrow & Buschle, 1987: 377). From a psychological point of view, the characteristics of anxiety are state and trait anxiety.

State anxiety means a functional and emotional disorder or a condition of disturbed emotion and behavior, characterized by feelings of fear, apprehension,

nervousness, inadequacy, tension and dread: usually associated with a real or imagined threat to one's security. State anxiety may vary in intensity and fluctuation over time as a function of the stress that impinge on an individual (Spielberger, et al., 1988: 241).

Trait anxiety seems to be an individual difference that may influence behavior in highly and moderately stimulating situations. This trait is usually defined as directly related to individual differences in responding to certain types of highly stimulating situations, namely threat situations (Spielberger, et al., 1988: 103).

Consequences of anxiety

Anxiety can be thought of as a continuum from mild/low, moderate and severe/high levels or degrees of anxiety to panic (Carson & Arnold, 1996; Clark, Fontaine & Simpson, 1994; Johnson, 1997; Kim et al., 1991). The manifestations of anxiety differ depending on the nature of the activity performed and the level of anxiety experienced (Sieber et al., 1977)

The consequences of anxiety can be displayed in physiological, emotional, perceptual and cognitive, and behavioral aspects in terms of different levels of anxiety (Carson & Arnold, 1996: Clark et al., 1994: Johnson, 1997; Kim et al., 1991). The levels and consequences of anxiety are explained as following:

Mild or low level of anxiety is useful in preparing individual to protect self and motivate the individual to meet demands. At this level, the person may show increasing pulse, heart rate, and blood pressure due to sympathetic arousal. The person's perceptual field slightly increases, cognitive processes remain intact, maintains the ability to relate thoughts and ideas in a coherent manner, and behavioral effects of anxiety usually cannot be aware of.

Moderate level of anxiety; the physiological effect in this level can be manifested by muscle tension, diaphoresis, pupils dilated, increase pulse, blood pressure and breathing rate, peripheral vasoconstriction. The person may feel tension and fear, dull perception, attention focused on issue of concern, sees, hears, and grasps less but able to shut out irrelevant data. Behavioral effects can be seen by hesitation and procrastination, change in voice pitch, accelerated rate of speech, frequent change of topics, repetitive questioning, joking, frequent change in body position, sense of helplessness, apprehensive expectation, sweating of palms, vigilance and irritability.

Severe or high level of anxiety; the person displays “ fight or flight” responses, generalized sympathetic nervous system response, dry mouth, numbness of extremities, feel distress and trembling. Sensory perception greatly reduced, person can focus only on small details, processing of sensory stimuli occurs in a scattered and disorganized manner, learning cannot occur. Behavior displays purposeless activities and difficult and inappropriate verbalizations. The person may feel dyspnea, dizziness, fear of going crazy, visual disturbances and motor tension with hyperactivity.

Panic; the sympathetic nervous system continues arousal. The person is emotionally overwhelmed, may regress to primitive coping behaviors. Perception becomes grossly distorted, the person is incapable of differentiating between real and unreal stimuli and response only to internal distress, concentration, learning and problem solving are virtually impossible. Inability to speak. Verbal and nonverbal behaviors suggest a psychotic-like state in which the panic-stricken person is virtually hopeless and cannot negotiate simple life demands. The person may scream and run wildly or may cling tenaciously to something or someone accurately or inaccurately perceived as a source of safety and security. Feelings of impending doom or death,

chest pain or discomfort occur.

Zung, William W. K., (1971: 371-372) collected the studies and specified the anxious appearance in physiological and mental as following;

Affective symptoms are worry, unhappy, apprehension, fear without reason, nervousness, virtually hopeless, feeling of impending death and emotional disorder.

Somatic symptoms are shown in organic systems as following;

1. Respiratory system can be manifested by increased breathing rate, dyspnea, short breath, dizziness, chest discomfort, difficulty respiration, fainting and paraesthesia disorder.

2. Cardiovascular system can be found palpitation, trembling, increase pulse and heart rate, dyspnea and chest pain.

3. Digestive system: nausea, anorexia, vomiting and diarrhea.

4. Urinary system: frequent urination, urinary incontinence.

5. Dermatological system: flushing or pallor, excessive sweating, sweating of palms.

6. Central nervous system: forgetting, lacked concentration, irritability, insomnia or sleepless, nightmare etc.

7. Muscular system: muscle tension, muscle pain, fatigue, tired, painful movement.

2.3 Related Research

2.3.1 Research related to HIV-infected mothers

Sriprayoon, P. (1997: v) studied on the effectiveness of health promotion on HIV-infected mothers and their offspring in Phan district, Chiangrai province. The

health promotion training program was designed using an adaptation of the self-efficacy theory of Bandura. Seventy-two subjects were selected for the study by purposive sampling and divided into two groups, an experimental group and a control group, by random selection. The experimental group comprised of thirty-five HIV-infected mothers who were given a training program on health promotion. The data were collected by using structured-questionnaires prior to training, and at one week and four weeks follow up training. The results of the study shown that after training, the experimental group had statistically significant higher scores in self efficacy expectation, outcome expectation, attitude and practice than prior to training and the control group.

Sittichai, K. (1997: v) conducted a study to examine the health perception, spouse support and health promoting behaviors of mothers with HIV-seropositive by using Pender's health promoting behavior model as a framework. The sample was composed of 100 mothers with HIV-seropositive who attended in Postpartum ward, Siriraj Hospital. The results revealed that there were significantly positive correlation between health perception, spouse support and health promoting behaviors and the result of stepwise multiple regression analysis showed that health promoting behaviors was accounted for by two best predictors, i.e., health perception and spouse support.

Naedthip, N. et al., (1998: v-vi) studied on the relationships of mothers and their offspring and adaptation to be mother after child birth. The sample was composed of sixty mothers who had the first child born at Obstetric and Gynaecological Department, Siriraj Hospital divided to thirty HIV-infected mothers and thirty non HIV-infected mothers. The results showed that there was no statistically significant difference in relationships of mothers and their offspring in first time after

birth and adaptation to be mother after child birth after going back home for 1 week of both groups. In the contrary, there was statistically significant difference in relationships of mothers and their offspring and adaptation to be mother after child birth of both groups.

Kittithongsopon, P. (1998: v) conducted a study to explore social support and child-rearing behaviors for toddlers of HIV-infected mothers. The samples was composed of 80 HIV-infected mothers who brought their children for follow up at Siriraj Hospital, Vachira Hospital, Bumrajnaradul Hospital and Queen Sirikit National Institute of Child Health. Data was collected by interviewing with questionnaires. The results revealed that there was significant positive correlation between overall social support and child-rearing behaviors. There were significant positive correlation between emotional support, information support, tagible support and network support and child-rearing behaviors. For child-rearing behaviors, most of HIV-infected mothers had child-rearing behaviors at a good level.

2.3.2 Research related to the self-help group

Aimmak, B. (1994: v) conducted a study to assess the effectiveness of a self-help group on the twenty post-mastectomy patients with chemotherapy proposed to study the quality of life, the interaction process in the group, the supports that subjects received from group as focused in Norbeck's social support concept. The subjects were tested the quality of life before and after three participating sessions of the self-help group with the quality of life index which was developed from the quality of life of Padilla and Grant's concept. The result of the study showed that after participating, the samples got significantly higher quality of life score ($p\text{-value} > 0.05$) than before participating in the group, especially in the physical well-being component. The most

interaction process in the group was the problem solving behaviors follows: by the emotionally positive response behaviors, question behaviors and the emotionally negative response behaviors. The most important support from the group was emotional support.

Powwattana, A. (1994: v) studied on the effectiveness of participation in self-help group on self-care in sixty patients with essential hypertension at Chiangraiprachanukrur Hospital, Chiangrai. The patients were divided equally into two groups and randomly assigned to the Self-help group on self-care and control group. The self-help group was classified into 3 groups, 10 each, in order to participation in a 1 ½ hours session of intervention once a week during the 6 weeks of study. It was found that the patients who participated in Self-help group had gained a significantly better self-care than the regular advice control group. The result was also shown that the weight loss in the self-help group was significantly better than the regular advice group.

Deeprawat, P. (1996: v) studied on the effectiveness of self-help group program on the prevention of sexually transmitted diseases among primigravidarum attending Bhumipoladulyadej Hospital. Samples comprised of 110 selected cases, and were divided into 55 experimental group and another 55 in the controlled one. The experimental group was provided with self-help group activity while those in the control group received only the routine, ordinary advices from Ante-natal Clinic staff. The result of the study indicates that women in the experimental group were aware of danger and possibility of contacting STD better than the control group. Their attitude and knowledge as well as practical know-how in prevention of STD were higher statistically significant than before the experiment and than the control group.

Kiatgangwalgri, N. (1997: v) studied on the effects of a self-help group on coping behaviors in uterocervical cancer patients undergoing radiotherapy at Siriraj Hospital. The forty subjects were divided into control and experimental groups. The control group received information about disease, treatment and care from nurses as usual, while the experimental group participated in four sessions of a self-help group. The results showed that the mean scores of problem-focused and emotion-focused coping behaviors of the control group after receiving regular nursing care were significantly lower than those prior to receiving the nursing care, respectively. In the experimental group, after participating in self-help group, the mean scores of problem-focused coping behaviors were significantly higher than those prior to the treatment.

Wangsook, K. (1998: v) studied on the effectiveness of self-help group on health promotion behavior in HIV-infected patients at Pramongkutklou Hospital. The health promotion training program was designed by using self-help group. The subjects were 43 HIV-infected patients who attended the infectious disease clinic. The data was collected before and after participation in a series of four self-help group sessions. After participating, the subjects' mean scores on knowledge and outcome practices about health promotion behaviors were significantly higher than before participating in the group.

Srichairattanakull, J. (1998: v) studied on the effect of a self-help group on stress level in the first year nursing students, Boromarajonani College of Nursing, Chonburi. The study sample was 38 nursing students, who had stress scores more than the seventy-fifth percentile. In order to match pairs of students who had equivalent stress scores, grade point averages and the same parental marriage status. Twelve pairs were selected by simple random sampling. These pairs were divided into experimental

and control groups. The experimental group participated in 8 sessions of a self-help group, while the control group studied and lived normally in college without any treatment. The stress questionnaire was used for data collection. Pretest took place one week before participating in the self-help group and posttest took place immediately after the eighth week of participating in the self-help group. The result of the study showed that the experimental group had significantly less stress after participating in the self-help group. After the experiment, the experimental group's stress level was significantly lower than that of the control group. The control group also had significantly less stress after the experiment. The experimental group's change in stress was significantly greater than the control group's change in stress.

It is accepted that HIV-infected mothers got both physical and mental illness. They have to take care children as well. They don't want other persons know they got infection, so they got the problems of information of the disease, how to solve the problems related to the disease and how to practice. Researcher is interested in applying the self-help group to HIV-infected mothers in order to reducing the anxiety level, giving information and knowledge about the disease, self-care and child care, support of members to self-help group in purpose of correct child care behaviors, solving the problems which HIV-infected mothers could not get enough information from normally attend the clinic and study how to organize the group.

2.4 Conceptual Framework

The conceptual framework used in this study is based on the conceptual and theoretical perspectives and literature review as the framework in figure 1.

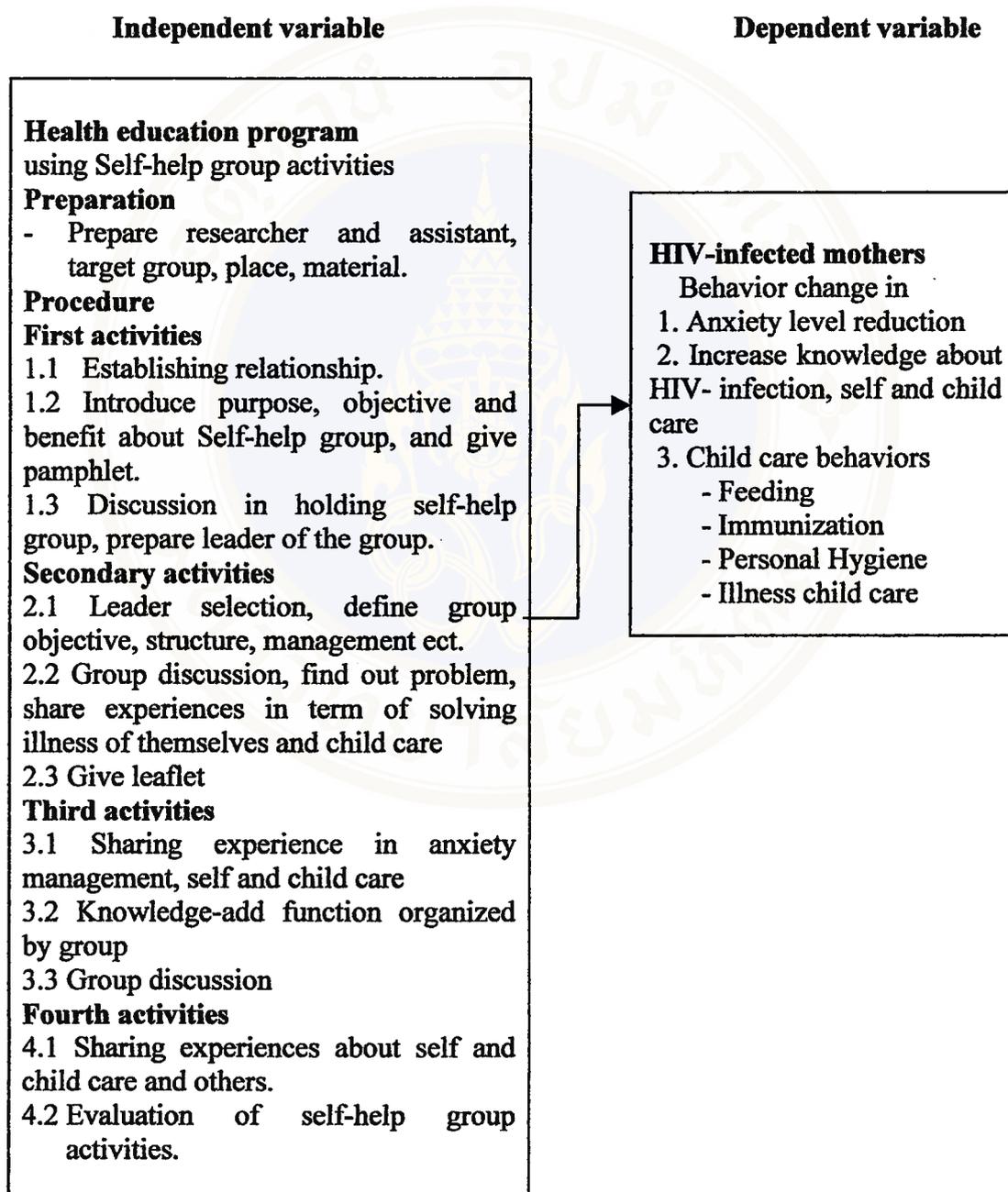


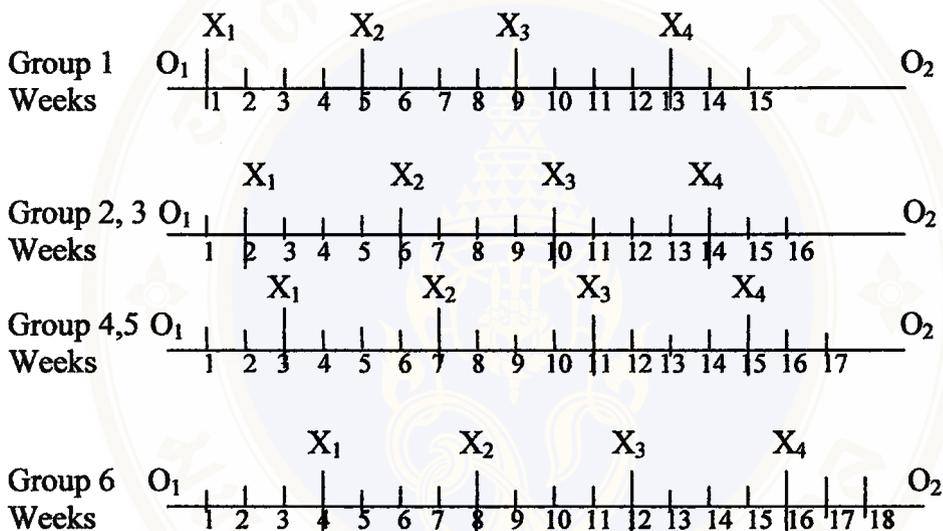
Figure 1: Conceptual Framework

O₂ refers to Data collection after the program

X refers to The Self-help group program attending

Subjects were divided into 6 small groups of 8–10 people. Each group attended the program fourteen weeks. At the end of research, the total was seventeen weeks.

Chart of research design



O₁ refers to data collection before the program by interview about general information of subjects : anxiety, knowledge about HIV infection/AIDS, self care, child care and child care behavior

O₂ refers to data collection after the program by interview about subjects anxiety, knowledge about HIV infection / AIDS, self care, child care and child care behavior

X₁ refers to the first time of self-help group attending of each group in 1st, 2nd, 3rd and 4th weeks for creation of relationships between the members in the group and explanation of objectives, structure and procedure of self-help group

X₂ refers to the second time of self-help group attending of each group in 5th, 6th, 7th and 8th weeks for continuation of creation of relationships between the members in the group and management of structure of the group by leader selection, group management, relationships of members, reinforcement of knowledge about HIV infection /AIDS, self care and child care

X₃ refers to the third time of self-help group attending of each group in 9th, 10th, 11th and 12th weeks for reinforcement of importance of self-help group, experience sharing, management of anxiety, self care and child care

X₄ refers to the fourth time of self-help group attending of each group in 13th, 14th, 15th and 16th weeks for asking for comment in attending self-help group in conjunction with suggestion and expansion of network connection apart from group attending

3.2 Population and Sample of Study

Population of the study were HIV-infected mothers who took their children to outpatient service at immunological clinic of Queen Sirikit National Institute of Child Health. Characteristics of the study population were

3.2.1. HIV-infected mothers without opportunistic infection or physical symptoms which are obstacles to joining the group.

3.2.2. Having ability to read and write

3.2.3. Willingness to attend the Self- help group organized by the researcher until the end of the research

Subjects: recruit the subjects characterized as mentioned above from HIV-infected mothers who took their children to follow up on Tuesday and Wednesday

from 1.00 – 4.00 p.m. Number of subjects was fixed at 60 persons which were divided into 6 groups of 8–10 persons.

Researcher made an appointment to the subjects for group activities on the day of doctor's appointment. About 2 hours before seeing by doctor, the self-help group was conducted. After that, children were examined by doctor. Before going back, researcher would encourage the next appointment.

3.3 Research Instruments

The instruments used to study were composed of data collection and research processing

3.3.1 Instrument for data collection was an interview schedule which was composed of 5 parts as follows:

Part I included questions about characteristics of the study population and general information such as: age, marital status, education, occupation, income, number of children, duration of infection, opening of HIV infection, following about information of the disease and children attending with questionnaire and self-administered questionnaire for 24 items.

Part II included items about anxiety. Researcher had taken anxiety interview model of William W.K. Zung which was translated into Thai language by Samitakedsatrin, S. (1985: 23–24). It was modified for HIV-infected mother. This part of interview schedule was composed of anxious sensation or behavior for 20 items. The answer is rating scale for 4 choices as follows:

Choice 1 Never or rare means there is no sensation or behavior as mentioned or rare in the last one month.

Choice 2 Somewhat means there is some sensation or behavior which occurred for sometimes but not frequent in the last one month.

Choice 3 Moderately so means there is sensation or behavior frequently occurred in the last one month.

Choice 4 Very much so means there is sensation or behavior occurred nearly or all the time in the last one month.

The scoring system is as followed.

	Positive item	Negative item
Never	1	4
Somewhat	2	3
Moderately so	3	2
Very much so	4	1

The lowest and the highest possible score ranges from 20 to 80 and divided into 4 levels. The interpretation of the score is as follows:

Score 20 – 35 points	refers to mild anxiety
Score 36 – 47 points	refers to moderate anxiety
Score 48 – 59 points	refers to severe anxiety
Score 60 – 80 points	refers to panic

Part III included questions designed to measure knowledge about HIV infection and AIDS, knowledge about self care of HIV infection and child care. Each question was similar to true or false question. Correct answer was given 1 score while incorrect answer was given 0 score. There were 23 questions. For analysis of level of knowledge, researcher used criteria as follows:

Score < 60 percent or 13.8	refers to low level
Score 60- 80 percent or 13.8–18.4	refers to moderate level
Score > 80 percent or > 18.4	refers to high level

Researcher had divided the questions as follows:

Knowledge about HIV infection/AIDS	=	9 items
Self care	=	8 items
Child care	=	6 items

Part IV included items about child care behavior of HIV-infected mother relating to food, immunization, personal hygiene and illness child care. HIV-infected mother answers the interview questionnaire as she really practiced by using the criteria of child care of Queen Sirikit National Institute of Child Health, Department of Medical services. There were totally 20 questions of positive and negative items. There are 3 scale ratings for answer in each items as follows:

- Every time refers to mother usually or always does or practices every day.
- Sometimes refers to mother does or practices for sometimes.
- Never refers to mother never does or practices.

The scoring system was as follows:

	Positive item	Negative item
Every time	2	0
Sometimes	1	1
Never	0	2

For analysis of behavior level, total score is 40 points. Researcher used criteria as follows:

Score < 60 percent or 24	refers to low level
Score 60 – 80 percent or 24 – 32	refers to moderate level
Score > 80 percent or > 32	refers to high level

Part V included items for evaluation of the self- help group. These were 3 point scale items (agree, uncertain and disagree). Also, open ended questions for discussion and suggestion were included. There are 28 questions for estimation of sensation and thought as follows:

1. Sensation before attending the self- help group = 3 items
2. Sensation during attending the self- help group = 7 items
3. Sensation after attending the self-help group = 4 items
4. Thought about processing of self-help group = 14 items

Construction of instrument and trying out

Construction of interview schedule for this research was undertaken through the following steps:

Step 1 Studied the contents from documents, theory and related research.

Step 2 Defined limits and structure of interview schedule's contents to cover the objectives of the research

Step 3 Checked content validity of the instrument constructed by 3 experts examining the fairness, usage of language, explicitness of language and content's coverage. Then instruments were reconstructed before testing.

Step 4 Tried out through 30 HIV-infected mothers similar to the study subjects at immunological clinic in Queen Sirikit National Institute of Child Health. The results were analyzed as follows:

1. Reliability : Anxiety, knowledge about HIV infection /AIDS and self care were analyzed for Cronbach's Alpha Coefficient by using SPSS for Windows. The alpha value of the knowledge part was 0.75.

2. Discrimination Power: Anxiety, knowledge about HIV infection /AIDS, self care and child care were analyzed for discrimination power by using technique of division into high and low score groups and using Student's t- test in searching for ability in discrimination. The question having t- value higher than 1.75 is considered as high discrimination power. This kind of question is accepted for use Kaedsing, V. (1987: 114–116)

3. Difficulty: Knowledge about HIV infection /AIDS, self care and child care of HIV-infected mother were analyzed for difficulty. The criteria for usage is score 0.2–0.8. The questions which scores are lesser than 0.2 and higher than 0.8 are excluded.

The revision was made in relating to statements, questions, instructions, phrases, and words, in order to make them easy to answer. Some questions/ statements were deleted, some were changed to make them easier to be understood and emphasizing also on content validity. The completed interview schedules were prepared and ready to be used in the samples.

3.3.2 Instrument for intervention

1. Health education program: Planning for 4 times of self-help group.

First time: Creation of relationship, introduction to the self-help group, objectives, benefits and model of the self-help group

Second time: Leader selection, setting the purpose, structure, policy, group management, role, activity and group discussion

Third time: Exchange the experiences about anxiety management, self care, child care, activity for increasing the knowledge set by group at the second time of group discussion

Fourth time: Discuss and exchange their experiences in self care, child care and any doubts. Evaluate the organization of self-help group.

2. Pamphlet for advice the self-help group was composed of meaning, objectives and benefits on the self-help group.

3. Leaflet about self care “ We can live together “ was composed of content about self care when got HIV infection and adjustment for happily stay in the society.

4. Leaflet about caring the child who got HIV infection or AIDS was composed of content about feeding, immunization, personal hygiene and ill child care.

5. Flip chart “ We can live together “ was composed of contents about self care when got HIV infection and adjustment for happily stay in the society.

6. Flip chart about caring the child who got HIV infection or AIDS was composed of contents about artificial milk feeding, immunization, personal hygiene and illness child care.

3.4 Research Procedure and Methods of Data Collection

3.4.1 Preparation

1. Sent the letter from Faculty of Graduate Studies, Mahidol University to the Director of Queen Sirikit National Institute of Child Health, Department of Medical Services for permission in research.

2. Explained the objectives of the research and research procedure to Research committee of Queen Sirikit National Institute of Child Health, nurses and health personnel in immunological clinic.

3. Prepared the place and equipment for research procedure.
4. Invented media used in the research and tested the media.
5. Trained two assistants once an hour for 2 times in usage of interview schedule and assisting the researcher for research procedure.
6. Collected the pretest data by interview.

3.4.2 Procedure

Health education program by using self-help group was conducted in immunological clinic of Queen Sirikit National Institute of Child Health. Subjects were divided into 6 small groups, 8–10 persons in each group. Members in each group attended the self-help group for 4 times with intervals of 4 weeks. Activities, contents and time for activities in each group were similar. Details of activities were

First activity took one hour for group processing and building-up the human relationships between the members of group, let the members know each others and make them understand the meaning, objectives, benefits, group model and organization of the self-help group. Group leader selection was planned as well. The activities were as follows:

1. Researcher welcomed the members and let them introduced herself. Then members introduced themselves as they can. Researcher let them use actual name or nickname as they like.
2. Researcher gave the pamphlets, explain them about the self-help group, activities, then described the objectives in group attending, benefits they would get, model of group and detail in each attending.

3. Group discussion about thought of group management, place and duration for attending, selection of group leader and additional suggestion. Planning for next conversation and appointment.

4. Using the flip chart “ We can live together” and “Caring of HIV-infected child / AIDS”

5. Gave the leaflets “ We can live together “ and “Caring of HIV- infected child /AIDS”. So the members were able to take it back if they needed.

Second activity took one hour. Members selected the leader. Setting up the purpose, structure, policy, group management, role and activities of the self-help group. Letting the members discuss about the self-help group and exchange their experiences relating to illness of themselves and child care. The activities were as follows:

1. Researcher mentioned about group management and let them open discussion about small and big group attention.

2. Selected the group leader, asked for the problems and suggestions in group management from the members.

3. Let the members name the group and set up the purpose, structure, policy, group management, role and group activities.

4. Group discussion, survey the problems which group need to be help, sharing the experiences in solving their illness and child care. Researcher gave them information about HIV infection / AIDS and summarized by using the same flip chart as in first activity

5. Researcher or group leader summarized the activities, set up next conversation and made an appointment for next activity.

6. Distributed the leaflets as they need such as Feeding, immunization, personal hygiene care and illness child care.

Third activity took one hour. The activities were as follows:

1. Group leader acted as group manager. Researcher was observer and helper.

Let them exchange their experiences in anxiety management, self care and child care.

2. Knowledge-added activity set up in second activity by researcher and group members who knew more answers about the practices of HIV-infected mother, child care in feeding, immunization, general personal hygiene care and ill child care.

3. Group leader started discuss in group management, problems and solutions and reinforce the members who got anxious. Researcher supported and gave them more information.

4. Group leader summarized the activities, set up next conversation and made an appointment for next time.

Fourth activity took one hour. The activities were as follows:

1. Hold on group discussion and sharing their experiences in self care, child care and their problems. Members searched for the solutions in their problems.

2. Group leader asked for the thought, suggestion, sensation of members in attending the self-help group and desired in maintaining the group. Did they want the researcher to be coordinator ?

3. Researcher suggested to do the list of names and addresses of members in the group that members didn't mention about it. Let them desire for permission in making the list of members.

4. Members evaluated the organization of the self-help group.

Two weeks after conducting the fourth activity, researcher interviewed HIV-

infected mothers about their anxiety, knowledge, child care behaviors and self-help group evaluation.

3.5. Data Analysis

Data collected were scored and keyed for calculation with computer. Hypotheses were tested using statistical methods in SPSS for Windows. The details were as follows:

1. Descriptive data were analyzed and presented through percentage distribution.
2. Anxiety was analyzed by percentage and comparison of pretest and posttest mean scores by Paired Samples t-test
3. Analyzed subject's knowledge with percentage and comparison of pretest and posttest mean scores of knowledge about HIV infection / AIDS, self care and child care by Paired Samples t-test
4. Comparison of pretest and posttest mean scores of child care behavior by Paired Samples t-test.

CHAPTER IV

RESULTS

This research was carried out in immunological clinic, Queen Sirikit National Institute of Child Health, Bangkok, Thailand during November 1999 to March 2000. Total samples of 50 collected from HIV-infected mothers who took their children to attend the immunological clinic. Data from the samples were analyzed by SPSS for Windows.

Results of the study are divided into four sections composed of: first part contained socio-demographic characteristics and general information, second part contained the anxiety of the samples, third part contained the knowledge about HIV/AIDS, self and child care and the last part contained child care behavior of HIV-infected mothers.

4.1 Socio-demographic Characteristics of Samples.

The socio-demographic characteristic of subjects included age, marital status, education, occupation, family monthly income, number of children and type of family, HIV infection and health status as details shown in Table 3.

Table 3: Number and percentage distribution of subjects by socio-demographic characteristics: (n=50)

Characteristics	Number	Percent
Age group (years):		
15 – 19	1	2.0
20 – 24	19	38.0
25 – 29	25	50.0
30 – 34	5	10.0
Total	50	100.0
Mean = 26 Min = 19 Max = 33		
Marital status:		
Married	39	78.0
Widow	3	6.0
Divorce, Separate	8	16.0
Total	50	100.0
Level of education:		
Primary school	26	52.0
Secondary school	20	40.0
Diploma	4	8.0
Total	50	100.0
Occupation:		
Business	3	6.0
Employee	28	56.0
Housewife	19	38.0
Total	50	100.0
Family monthly income, (Baht/ month):		
< 5,000	12	24.0
5,000 – 10,000	36	72.0
10,001 – 20,000	2	4.0
Total	50	100.0
Number of children		
1 child	36	72.0
2 children	9	18.0
> 2 children	5	10.0
Total	50	100.0

Table 3: (cont.) Number and percentage distribution of subjects by socio-demographic characteristics: (n=50)

Characteristics	Number	Percent
Type of family		
Single	40	80.0
Compound	10	20.0
Total	50	100.0
Knowing when getting HIV infection		
< 3 years	34	68.0
3 – 5 years	5	10.0
> 5 years	11	22.0
Total	50	100.0
Health status		
No complication	37	74.0
Having complication	13	26.0
Total	50	100.0
Presentation of HIV infection		
Keep secret	3	6.0
Husband knew	36	72.0
Husband and relative knew	11	22.0
Total	50	100.0

Regarding to the age of the subjects in Table 3 showed that the majority fifty- percent was in the age group of 25-29 years with the mean age of 26 years, minimal age of respondent was 19 and maximal age was 33 years. Most of them, 78 percent were married status. More than half (fifty-two percent) of the subjects had primary level of education. Concerning the occupation, 56 percent were employees and 38 percent were housewife. For the income, 72 percent of the subjects had monthly family income among 5,000-10,000 Baht, 24 percent less than 5,000 Baht, only 4 percent had monthly income among 10,001-20,000 Baht. Most of HIV-infected

mothers, 72 percent had only one child and 80 percent were single family type, while 20 percent lived with parents or relatives. About knowing when getting HIV infection, 68 percent of the subjects knew less than 3 years while 22 percent knew more than 5 years. In terms of health status, 74 percent of them were HIV-infected without complications while 26 percent got complications. At last, about the presentation of HIV infection, 94 percent let other persons knew, 72 percent told their husband while 22 percent told their husband and some relatives.

Following media information about HIV/AIDS of subjects stratified by different media: 98 percent of subjects followed via television while 54 percent followed via radio. 42 percent followed via health personnel. 36, 34 and 30 percent followed via newspaper, books and leaflets respectively as shown in Table 4.

Table 4: Number and percentage of subjects by following media information about HIV infection / AIDS. (n=50)

Type of media	Number	Percent
Book		
Follow	17	34.0
Not follow	33	66.0
Total	50	100.0
Newspaper		
Follow	18	36.0
Not follow	32	64.0
Total	50	100.0
Television		
Follow	49	98.0
Not follow	1	2.0
Total	50	100.0
Radio		
Follow	27	54.0
Not follow	23	46.0
Total	50	100.0

Table 4: (Cont.) Number and percentage of subjects by following media information about HIV infection / AIDS. (n=50)

Type of media	Number	Percent
Medical personnel		
Follow	21	42.0
Not follow	29	58.0
Total	50	100.0
Document		
Follow	15	30.0
Not follow	35	70.0
Total	50	100.0

General information of children which subjects took to Queen Sirikit National Institute of Child Health was shown in Table 5.

About age ranged of children was from 1 month to 8 years old with mean age of 3 years. 66 percent were less than 3 years while 24 percent were more than 5 years and 10 percent were in range of 3–5 years. Their mothers took them to this institute to attend the doctor and receive health services, most of them were 72 percent came more than 5 times while 28 percent came for 2–4 times. Health status of HIV- infection in children: 64 percent got infection and complications while 28 percent got infection without complications.

Table 5: Number and percentage of general information of children by age, status of HIV - infection and number of service received.(n=50)

Children	Number	Percent
Age		
< 3 yrs.	33	66.0
3 – 5 yrs.	5	10.0
> 5 yrs.	12	24.0
Total	50	100.0

Table 5: (cont.) Number and percentage of general information of children by age, status of HIV - infection and number of service received.(n=50)

Children	Number	Percent
Status of HIV infection		
No infection	4	8.0
Infection without complication	14	28.0
Infection with complication	32	64.0
Total	50	100.0
Number of service received		
2 – 4 times	14	28.0
> 5 times	36	72.0
Total	50	100.0

4.2 Result of Analysis: Comparing Pretest and Posttest of the Anxiety Level in HIV- Infection Mothers

4.2.1 Number and percentage of subjects by level of anxiety: Pretest level of anxiety was severe for 80 percent, mild to moderate degree for 18 percent and panic for 2 percent. Posttest level of anxiety was no anxiety for 44 percent, severe level decreased to 8 percent from 80 percent as shown in Table 6.

Table 6: Number and percentage of subjects by anxiety level, before and after the program. (n=50)

Anxiety level	Before		After	
	Number	Percent	Number	Percent
No anxiety	-	-	22	44.0
Mild to moderate	9	18.0	24	48.0
Severe	40	80.0	4	8.0
Panic	1	2.0	-	-
Total	50	100.0	50	100.0

4.2.2 The results of comparison of anxiety mean score of HIV-infected mothers who took children for service, before and after the program: pretest anxiety mean score was 50.18 with standard deviation of 5.15. Posttest anxiety mean score was 37.78 with standard deviation of 6.18. The difference was statistically significant difference with p-value < 0.001 as shown in Table 7

Table 7: Comparison of anxiety mean score of subjects, before and after the program. (n= 50)

Anxiety	\bar{X}	S.D.	t-value	df	p-value
Before	50.18	5.15	14.224	49	<0.001
After	37.78	6.18			

4.3 Results of Comparison of Knowledge Score About HIV Infection / AIDS, Self Care and Child Care, Before and After the Program. As shown in Table 8 and Table 9:

4.3.1 Number and percentage of subjects stratified by level of knowledge about HIV infection / AIDS, self care and child care: Before the program, 52 percent of subjects got moderate level of knowledge while 26 percent got high level and 22 percent got low level. After the program, subjects who got high level of knowledge increased to 94 percent from 26 percent as shown in Table 8



Table 8: Number and percentage of subjects by level of knowledge about HIV infection / AIDS, self care and child care: before and after the program.

Level of knowledge	Before the program		After the program	
	Number	Percent	Number	Percent
High	13	26.0	47	94.0
Moderate	26	52.0	3	6.0
Low	11	22.0	-	-
Total	50	100.0	50	100.0

4.3.2 The results of comparison of knowledge mean score of subjects about HIV infection, AIDS, self care and child care: Before and after the program with Paired samples t-test and 95 percent confidence level: Before the program, mean subjects score was 15.98 with standard deviation of 2.96. After the program, mean subjects score was 21.32 with standard deviation of 1.43. There was statistically significant difference (p-value < 0.001) as shown in Table 9

Table 9: Comparison of knowledge mean score of subjects about HIV Infection / AIDS, self care and child care: before and after the program (n=50)

Knowledge of subjects	\bar{X}	S.D.	t-value	df	p-value
Before the program	15.98	2.96	15.933	49	<0.001
After the program	21.32	1.43			

4.3.3 Level of each aspect of knowledge, before and after the program: Subjects got the knowledge about HIV infection/AIDS, self care and child care as shown in Table 10

1. Knowledge about HIV infection/ AIDS: Before the program, 78 percent of subjects got high level of knowledge. After the program, all subjects got high level.

2. Knowledge about self care: Before the program, 74 percent of subjects got high level of knowledge. After the program, all subjects got high level.

3. Knowledge about child care: 56 percent of subjects got high level of knowledge. After the program, 98 percent got high level.

Table 10: Number and percentage of subjects by level of each aspect of knowledge, before and after the program.(n=50)

Level of knowledge	Before the program		After the program	
	Number	Percent	Number	Percent
HIV infection/AIDS				
High	39	78.0	50	100.0
Medium	8	16.0	-	-
Low	3	6.0	-	-
Total	50	100.0	50	100.0
Self care				
High	37	74.0	50	100.0
Medium	8	16.0	-	-
Low	5	10.0	-	-
Total	50	100.0	50	100.0
Child care				
High	28	56.0	49	98.0
Medium	21	42.0	1	2.0
Low	1	2.0	-	-
Total	50	100.0	50	100.0

4.3.4 The results of comparison of knowledge mean score of subjects in aspects of HIV infection/ AIDS, self care and child care; Before and after the program; at 95 percent confidence level as shown in Table 11.

1. Knowledge about HIV infection/ AIDS: Before the program, knowledge mean score was 6.00 with standard deviation of 1.84. After the program, knowledge mean score was 8.32 with standard deviation of 0.87. By statistical analysis, after the program knowledge mean score was statistically higher than before the program (p-value < 0.001).

2. Knowledge about self care: Before the program, knowledge mean score was 5.42 with standard deviation of 1.33. After the program, knowledge mean score was 7.32 with standard deviation of 0.77. By statistical analysis, after the program knowledge mean score was statistically higher than before the program (p-value < 0.001).

3. Knowledge about child care: Before the program, knowledge mean score was 4.56 with standard deviation of 0.58. After the program, knowledge mean score was 5.68 with standard deviation of 0.51. By statistical analysis, after the program knowledge mean score was statistically higher than before the program (p-value < 0.001).

Table 11: Comparison of knowledge mean score of various aspects of subjects, before and after the program.(n=50)

Aspects of knowledge	\bar{X}	S.D.	t-value	df	p-value
HIV infection/AIDS					
Before the program	6.00	1.84	10.276	49	<0.001
After the program	8.32	0.87			

Table 11: (cont.) Comparison of knowledge mean score of various aspects of subjects, before and after the program.(n=50)

Aspects of knowledge	\bar{X}	S.D.	t-value	df	p-value
Self care					
Before the program	5.42	1.33	12.296	49	<0.001
After the program	7.32	0.77			
Child care					
Before the program	4.56	0.58	12.018	49	<0.001
After the program	5.68	0.51			

4.4 Results of Comparison of Mean Score of Child Care Behavior of HIV-Infected Mothers, before and after the Program.

4.4.1 Level of child care behavior before and after the program. Before the program, 66 percent of subjects had medium level of behavior. After the program, subjects who had high level of behavior increased to 82 percent from 16 percent as shown in Table 12.

Table 12: Number and percentage of subjects by level of child care behavior, before and after the program.(n = 50)

Level of behavior	Before the program		After the program	
	Number	Percent	Number	Percent
High	8	16.0	41	82.0
Medium	33	66.0	9	18.0
Low	9	18.0	-	-
Total	50	100.0	50	100.0

4.4.2 Level of each aspect of child care behavior, before and after the program: Details of behavior about feeding, immunization, personal hygiene and illness child care were shown in Table 13.

1. Child care behavior about feeding: Before the program, 54 percent of subjects behaved in medium level. After the program, the number of subjects behaved in high level increased to 66 percent from 12 percent.

2. Child care behavior about immunization: Before the program, 38 percent of subjects behaved in medium level. After the program, the number of subjects behaved in high level increased to 94 percent from 36 percent.

3. Child care behavior about personal hygiene: Before the program, 78 percent of subjects behaved in high level. After the program, the number of subjects behaved in medium level increased to 40 percent from 18 percent.

4. Child care behavior about ill child care: Before the program, 78 percent of subjects behaved in medium level. After the program, the number of subjects behaved in high level increased to 100 percent.

Table 13: Number and percentage of subjects by level of each aspect of child care behavior, before and after the program.(n = 50)

Level of behavior	Before the program		After the program	
	Number	Percent	Number	Percent
Feeding				
High	6	12.0	33	66.0
Medium	27	54.0	15	30.0
Low	17	34.0	2	4.0
Total	50	100.0	50	100.0
Immunization				
High	18	36.0	47	94.0
Medium	19	38.0	3	6.0
Low	13	26.0	-	-
Total	50	100.0	50	100.0

Table 13: (cont.) Number and percentage of subjects by level of each aspect of child care behavior, before and after the program. (n = 50)

Level of behavior	Before the program		After the program	
	Number	Percent	Number	Percent
Body hygiene				
High	39	78.0	30	60.0
Medium	9	18.0	20	40.0
Low	2	4.0	-	-
Total	50	100.0	50	100.0
Illness child care				
High	-	-	50	100.0
Medium	39	78.0	-	-
Low	11	22.0	-	-
Total	50	100.0	50	100.0

4.4.3 The results of comparison of mean score of child care behavior of subjects: Before and after the program with Paired samples t-test and 95 percent confidence level: Before the program, child care behavior mean score was 28.66 with standard deviation of 4.01. After the program, child care behavior mean score was 34.88 with standard deviation of 2.67. There was statistically significant difference (p -value < 0.001) as shown in Table 14.

Table 14: Comparison of child care behavior mean score of subjects: before and after the program (n = 50)

Child care behavior	\bar{X}	S.D.	t-value	df	p-value
Before the program	28.66	4.01	14.668	49	<0.001
After the program	34.88	2.67			

4.4.4 The results of comparison of child care behavior mean score of subjects in each aspects; before and after the program; at 95 percent confidence level as shown in Table 15.

1. Child care behavior about feeding: Before the program, child care behavior mean score was 7.00 with standard deviation of 1.34. After the program, child care behavior mean score was 8.92 with standard deviation of 1.19. By statistical analysis, after the program child care behavior mean score was statistically higher than before the program (p-value < 0.001).

2. Child care behavior about immunization: Before the program, child care behavior mean score was 3.98 with standard deviation of 1.00. After the program, child care behavior mean score was 5.22 with standard deviation of 0.55. By statistical analysis, after the program child care behavior mean score was statistically higher than before the program (p-value < 0.001).

3. Child care behavior about personal hygiene: Before the program, child care behavior mean score was 10.58 with standard deviation of 2.24. After the program, child care behavior mean score was 12.94 with standard deviation of 1.65. By statistical analysis, after the program child care behavior mean score was statistically higher than before the program (p-value < 0.001).

4. Child care behavior about illness child care: Before the program, child care behavior mean score was 7.10 with standard deviation of 1.04. After the program, child care behavior mean score was 7.80 with standard deviation of 0.40. By statistical analysis, after the program child care behavior mean score was statistically higher than before the program (p-value < 0.001).

**Table 15: Comparison of mean score of child care behavior in each aspects:
before and after the program (n = 50)**

Aspects of behavior	\bar{X}	S.D.	t-value	df	p-value
Feeding					
Before the program	7.00	1.34	10.783	49	<0.001
After the program	8.92	1.19			
Immunization					
Before the program	3.98	1.00	8.121	49	<0.001
After the program	5.22	0.55			
Personal hygiene					
Before the program	10.58	2.24	10.427	49	<0.001
After the program	12.94	1.65			
Illness child care					
Before the program	7.10	1.04	5.081	49	<0.001
After the program	7.80	0.40			

CHAPTER V

DISCUSSION

Results of data analysis showed that after the program, subjects changed in anxiety, knowledge about HIV infection/ AIDS, self care, child care and child care behavior about feeding, immunization, personal hygiene and illness child care. These can be discussed as follows:

5.1 Hypothesis 1

Hypothesis 1: Anxiety of HIV-infected mothers will decrease after attending self-help group

The result of comparison of anxiety mean score of subjects, before and after the program, showed that anxiety mean score of subjects decreased significantly (p-value < 0.001) after the program, as shown in Table 6.

This study showed that health education program by self-help group was a method that could decrease patient's anxiety as Skipper (1965: 61) stated that conventional health teaching and introduction would make patients less anxious, have confidence in treatment and cooperate. So the goal of treatment was achieved. Chanthamolee, S. (1999: 88) stated that self-help group meant encouraging anyone to understand themselves, help themselves. Each member got the same problems. Objective of the group is to provide an opportunity for members to help each others, improve their mind, help the person who get serious problems can get united and have the energy to help themselves. Members give help and assurance to each other. They

get close relationship. Robinson (1985:110) stated that friendly talking and experience sharing with the same category person helped them release the trouble, anxiety, fear, hopelessness and any problems without wondering. In the contrary, they are accepted and they get help and willing. Calman & Welsh(1984: 585), stated that the objective of self-help group was to decrease the level of many sensations that interfered normal life such as: fear, anxiety, stress, depression, etc.

The result of this study was consistent with the study of Lisansky et al., (1996: 99), which found that after 8 weeks of health education program by self-help group in patient with chronic lung disease, level of anxiety, depression and physical symptoms were significantly decreased. Members in the group were satisfied to attend the group, open themselves and talking about their feelings. Also, the result was similar to the study of Dean et al,(1988: 670-674), Plant et al., (1987: 317-322) which found that members in the group got close relationships, dare to present and open themselves, be willing to talking about their feeling and problems encountered.

Vachon (Cited by Speigel, et al., 1981: 527-533) found that group attending of members who encountered the same problems would motivate altruism, bounding, deeply understanding themselves and others. Pattern of the group gave chance to the members to express their anxiety, ask the problems, share their experiences and add one's hope together. Gassow and Tracy (Cited by Adams 1979: 95-98) added the roles of self-help group in helping the patient and their relatives by acting as the sources of information about adjustment. This method has been proved in its effectiveness in reducing anxiety and misunderstanding of any subjects. Penkel (Cited by Monaco 1986: 516-521) stated that role of self-help group was acting as powerful tool against

anxiety, fear, mentally hurt, loneliness and getting rid of anger by teaching how to solve the problems.

5.2 Hypothesis 2

Hypothesis 2: After attending self-help group, HIV-infected mothers will gain more knowledge on HIV infection, self care and child care.

After attending self-help group, it was found that mean scores of knowledge about HIV infection /AIDS, self care and child care were statistically higher (p -value < 0.001) as shown in Table 8 and Table 10.

This study showed the effectiveness of health education program by self-help group on HIV-infected mothers. They shared the experiences and got the knowledge about HIV infection/AIDS, self care and child care. Researcher was a member who added the knowledge during group meeting. As mentioned by Chanthamolee, S. (1999: 88) that the self-help group encouraged the members to get close relationship and practice the skills. Good relationships of members in the group helped them to know more. Chanthamolee, S. (1999: 90) stated that having the expert attending the self-help group in health would help in knowledge exchange, experience sharing and adding some technology about practicing skills which members in the group should have. This study, the researcher added the knowledge during group meeting by 8 – 10 members sitting in circle facing together. It made the members acknowledge the lecture thoroughly talking together. It was consistent with the study of Lindeman (1972: 196) that giving the knowledge in group of 2–10 was better than personally teaching.

The content talking in the self-help group was knowledge about HIV infection / AIDS, self care and child care in conjunction with demonstration and skill practicing in child care such as: artificial milk feeding, drug administration. After giving the knowledge, members asked, discussed and cooperated in solving the problems together. Also the result of the study was similar to study of Deeprawat, P. (1996: v) which found that after participating in self-help group for 4 times of the primigravida pregnant women attending at Bhumipholadulyadej Hospital, mean score of knowledge was significantly higher and better than control group (p -value < 0.001). Lisansky DP, et al., (1996: 97) reported that after 8 weeks of health education program by self-help group in patients with chronic lung disease, level of knowledge was significantly better than before starting the program. Kumpalanon, J. (1997: v) reported that after training the members of geriatric assembly in Nakornrajasima province by self-help group program about geriatric care behavior in group of 12 for 2 weeks, subjects gained significantly knowledge after the program, as well as, the result of the study of Wangsook, K. (1998: v) by applying the self-help group program for health promotion in HIV-infected person, it was found that mean score of knowledge about AIDS was statistically significant better than before the program.

5.3 Hypothesis 3

Hypothesis 3: After attending self-help group, HIV-infected mothers will gain more practices and behavioral change on child care behaviors.

After attending the self-help group program, child care behaviors mean score of subjects was significantly higher than before (p -value < 0.001) as shown in Table 13 and 14

This study showed the effectiveness of health education program by self-help group in HIV-infected mothers who completely attended the group meeting for 4 times. After making close relationships in first time of attending, they were familiar and resting assured to each others in the second time of attending. They talked about their anxiety, problems in self care and child care, shared their experiences, discussed and gave the knowledge about HIV infection/AIDS, self care and child care in conjunction with skills of child care. For second and third attending, in the period of this study, subjects had intentionally practiced. When they got the problems, they exchanged and shared their experiences, cooperated in solving. It made them get the suitable solutions for them. After experience sharing and feeling expression, anxiety level decreased as in hypothesis 1. Members felt comfortable and willing to care themselves and their children, so they took the child care in the better way comparing to before the program. Chanthamolee, S. (1999: 88) stated that the self-help group promoted the members understanding themselves. Members helped and rested assured to each others, as well as, got close relationships and practiced the skills. Close relationships in the group helped them gain more knowledge and change their behavior and thinking. Chunchawat, D. (1994: 277) stated that the friendship occurred from the feeling of unity made the members accept each others on the basis of understanding and altruism leading to acceptance of suggestion about behavior change for solving the problems. This study was compatible with the study of Wangsook, K. (1998: v) by applying the self-help group program for health promotion in HIV-infected person for 4 times, it was found that behavior in health promotion of the subjects was statistically significant better than before the program.

5.4 Evaluation of the Self-Help Group

Studying of feeling and thinking about attending the self-help group of subjects, before, during and after group meeting, showed that before attending, subjects felt unhappy and anxious about the health of themselves and their children, as well as, about group attending. During attending, members felt satisfied because other members understood and got the same problems. They could rest assured other members in talking about health problems and other problems. They gained willing in facing with the problems. Group attending didn't increase level of anxiety about child care. They felt relaxing in talking with other members. They felt proud and satisfied in helping and solving the problems together. They received more information and knowledge about AIDS. As Chanthamolee, S. (1999: 88) stated that the self-help group could provide an opportunity to the members to help each other, improve their mental status, and help the members who got serious problems to get united and willpower to help themselves. Their relationships were developed. They gained more knowledge and behavioral change and thinking. . Chunnawat, D. (1994: 277) stated that friendly talking and sharing experience with the person in the same kind let them express their trouble, fear, anxiety, giving up hope and other problems without worrying about misunderstanding, in the contrary, they were truly accepted and they got extremely help. The study showed that after group attending, subjects felt more confident in taking care their children. They gained more knowledge about child care. They could practice from the knowledge they got. They got suggestion for solving the problems from other members and got willpower especially for the discouraged person. Marram (1978: 154–161) stated that confidence in group helped the members receive the information and give the reciprocal information to other members in the

group. Members should take role in give and take. Members felt that they were more valuable and glory. They understood their problems and chose the method for correction, as well as, they could assist other members to understand and solve the problems.

About group leader, subjects requested health personnel to be the group leader because she was technician and she knew every member more than other members. Apart from that, they wanted health personnel to list the name of members and contact them because health personnel could organize the activities better than other members, this consistent with the study of Aimmak, B. (1992: 96) which stated that group members required nurse to advise and give the information to the members. As well as, the study of Wangsook, K. (1998: 83) which stated that group members required nurse to be the group leader and give the knowledge, recruit the new members and cooperate with the doctors and others health personnel and list the member's addresses. They thought that health personnel could organize the activities better than other members, give knowledge and new information the members required, help the members who got health problem or problems about health service that should be improved by letting the nurse cooperate with the doctors and team work.

CHAPTER VI

CONCLUSION

This research was the Quasi-experimental design one group pretest-posttest without control group. The objective of this research was to assess the effectiveness of the self-help group in reducing anxiety and enhancing knowledge and child care behavior of HIV-infected mothers.

Samples were HIV-infected mothers who took their children to immunological clinic in Queen Sirikit National Institute of Child Health. There were 60 HIV-infected mothers participating in the self-help group. The study started from November 1999 to March 2000. At the end of intervention after 4 times of participation, there were only 50 mothers left, because one mother and 2 children died while 4 mothers and 3 children were too sick. Each participation took 4 weeks interval. Experiment took 17 weeks. Researcher assess the effectiveness of the self-help group after intervention in terms of level of anxiety, knowledge about HIV infection /AIDS, self care and child care and child care behavior of samples comparing between before and after intervention. Also self-help group organization was evaluated.

Data were collected by interview before and after intervention. After pretest data collection, self-help group program was conducted once a month for 4 times. Self-help group activities were composed of building-up of good relationship in the group, selection of group leader, experience sharing and problem solving together.

Researcher was a member of the group activating and organizing the resolution of the members, as well as, adding the knowledge about HIV infection / AIDS, self care for HIV-infected person and child care including feeding, immunization, personal hygiene, illness child care. Knowledge was given through talking, flip charts and leaflets about self care learning of HIV-infected person and child care. Two weeks after attending group for 4 times, posttest data were collected using the same interview schedule. Evaluation of self-help group organization was undertaken. Data were analyzed with SPSS for Windows. Generalized information was analyzed with descriptive statistical analysis: frequency distribution, percentage, mean. Mean differences were compared with Paired Samples t-test.

6.1 Conclusion

6.1.1 Socio-demographic characteristics of samples.

Samples were 60 HIV-infected mothers. Age ranged from 19 to 33 years old. Majority of them was in the age group of 25-29 years with the mean age of 26 years. Most of them were married. More than half of the subjects finished primary education and worked as employees. Their incomes per month ranged from 5,000 to 10,000 Baht. Majority of them was nuclear families and had one child.

Most of them knew that they were infected by HIV at least three years and let husband knowing that they were infected. Majority of them had no complication of HIV infection. They felt anxious about child health more than themselves. Most children being taken to immunological clinic were less than three years old. They took their children to clinic at least five times. Most of children were infected by HIV and

got complications such as: fever, cough, pulmonary infection, skin infection, diarrhea and low body weight.

6.1.2 Level of anxiety, knowledge and child care behaviors of samples before and after intervention.

1 **Anxiety** : Pretest anxiety score was very high but posttest score was decreased to normal level.

2 **Knowledge** about HIV infection / AIDS, self care and child care: Pretest score was moderate level but posttest score was high.

3 **Child care behavior**: Pretest score was moderate level but posttest score was high.

6.1.3 Differences between before and after intervention of mean scores of anxiety, knowledge about HIV infection / AIDS, self care and child care behaviors.

1. **Anxiety**: Posttest anxiety mean score was statistically decreased as hypothesis 1 which stated that level of anxiety in HIV-infected mother who attended the self-help group would decrease.

2. **Knowledge** about HIV infection /AIDS, self care and child care: Posttest knowledge mean score was statistically higher than pretest mean score as hypothesis 2 which stated that HIV-infected mother who attended self-help group would gain their knowledge in HIV infection /AIDS, self care and child care. Considering in each aspect, it was found that posttest mean scores of knowledge about HIV infection / AIDS, self care and child care were statistically higher than pretest mean scores.(p-value < 0.001)

3. Child care behavior: Posttest mean score of child care behavior was statistically higher than pretest score as hypothesis 3 which stated that HIV-infected mother who attended self-help group would gain their child care behavior. Considering in each aspect, it was found that posttest mean scores of child care behavior about feeding, immunization, personal hygiene care and illness child care were statistically higher than pretest scores. (p-value <0.001)

6.1.4 Evaluation of the self-help group

Before attending the self-help group: Most of the samples felt anxiety and agitation about their health, children's health. They felt unhappy and fear to attending the self-help group because they had never attended the group like this.

During attending the self-help group: Most of the samples were satisfied because there were other persons understood and got the same problems. They felt assured members in the group to talking about their health and other problems. They got strong willing to face with the problems. Attending the group reduced their anxiety about child care. They felt happy to talking with members in the group. Most of them were proud in ability to help each other. Everyone gained more information and knowledge about HIV infection / AIDS.

Appreciation after attending the self-help group: Most of them felt competent in increasing child care because they gained more knowledge. They could practice from the knowledge they got from the group, apart from that, they could advice other HIV-infected persons.

Most of the samples got advice for solving the problems or assisting from members in the group about self care and child care. Member soothed each other who were discouraged. About group leader, most members felt that health personnel should

continue to be leader because she knew everyone very well. She could communicate to the members for attending the group. Most of them had never told anyone else about attending the self-help group. A few members told their husbands. About half of members thought that they would persuade and motivate other HIV-infected persons to attend the group, while half of them didn't want to persuade anyone to attend the group because they weren't sure that the persons they would persuade was infected by HIV or not.

Most samples wanted to receive advanced information about child care continuously but it would not be sent at home because other persons may know that they were infected by HIV. Sample suggested that the members who were health personnel would manage about member recruitment, name list and mailing address because she knew everyone well and she would be the center for communication. They thought that the self-help group should be proceeded. For place and time, they thought it was appropriated.

6.2 Recommendation

6.2.1 Recommendation from results of the research

1. Organizing the self-help group for HIV-infected mothers who took children to immunological clinic is a health educational method that is appropriate for creation of relationship for member in the group. They felt assured other members in the group to talking about health and other problems. They got strong-willing to face with the problem and made them less anxiety and agitation which caused them getting better child care behaviors.

2. The result from organization of the self-help group for HIV-infected mothers, made members receiving information, knowledge about HIV infection /

AIDS and advanced treatment for stop severity of HIV and AIDS. Members were interested because they would use the knowledge in caring themselves and child care whether the child was infected or not.

3. From the study, members were more satisfied to attending the small group than attending the bigger group because they didn't want to show themselves in the big group. About 8–10 members in the group should be appropriate for HIV-infected mothers. The meeting day for member in the group should be the day which doctor had an appointment with their children.

4. From the study, group members were more interested in child health problems and child care than their health care such as: exercise, relaxation, etc.

5. From the study, transferring the knowledge about HIV infection / AIDS by the self-help group method made each member exchanging their knowledge and experience with the health personnel. They were more interested in the chart than the pamphlet. They didn't take the pamphlet back home because the other persons would know that they were infected, so they usually read the pamphlet at the meeting room. Organizing the self-help group for members whose their children were in different age group and stage of the disease affected experience sharing in self care and child care.

6.2.2 Recommendation for further research

1. Members would not be grouped by age of children, they should be grouped by problem or stage of diseases of children. So they could share experiences in managing the similar problems and it would be more effective.

2. Beware of organizing the self-help group in HIV-infected persons who do not let other persons know. They should have willing to attend the group. More

times of attending the group will reduce their anxiety and make them showing themselves.

3. Organizing the self-help group in HIV-infected persons who do not let other persons know would be started with 3–5 members so they would rest assured and participate.



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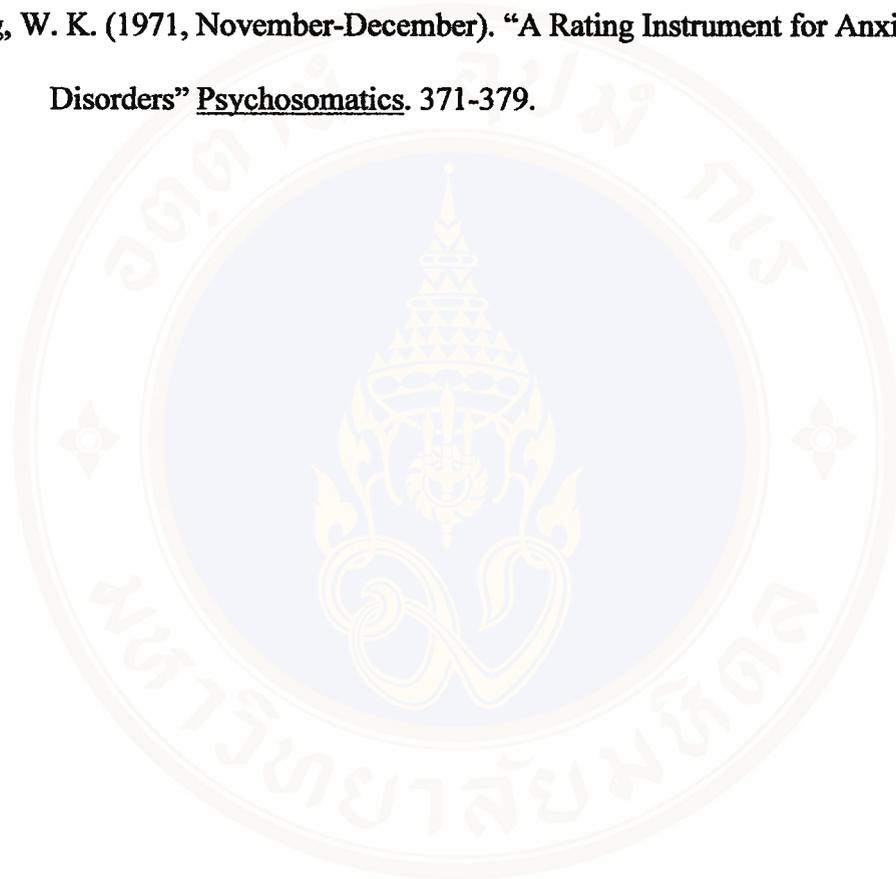
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APPENDIX

INTERVIEW SCHEDULE



INTERVIEW SCHEDULE

Part I. Socio-demographic characteristics.

Mother.

1. Age _____ years.
2. Marital status

A. <input type="checkbox"/> Single	B. <input type="checkbox"/> Married.	C. <input type="checkbox"/> Widowed
D. <input type="checkbox"/> Divorce	E. <input type="checkbox"/> Separate	F. <input type="checkbox"/> Others _____
3. Number of children _____
4. Education

A. <input type="checkbox"/> None	B. <input type="checkbox"/> Primary school level
C. <input type="checkbox"/> High school level	D. <input type="checkbox"/> Certificate, diploma
E. <input type="checkbox"/> Bachelor degree	F. <input type="checkbox"/> Higher than bachelor degree.
5. Occupation

A. <input type="checkbox"/> Government officer	B. <input type="checkbox"/> Semi-private government officer
C. <input type="checkbox"/> Merchant /Business	D. <input type="checkbox"/> Employee
E. <input type="checkbox"/> Agriculture	F. <input type="checkbox"/> Others _____
6. Familial income per month

A. <input type="checkbox"/> < 5,000 Baht.	B. <input type="checkbox"/> 5,000 – 10,000 Baht.
C. <input type="checkbox"/> 10,001 – 20,000 Baht.	E. <input type="checkbox"/> > 20,000 Baht.
7. Is familial income adequate for the expense?

A. <input type="checkbox"/> Adequate and some saving	B. <input type="checkbox"/> Adequate but no saving.
C. <input type="checkbox"/> Inadequate and some debt	D. <input type="checkbox"/> Others _____
8. Family characteristic

A. <input type="checkbox"/> Single family	B. <input type="checkbox"/> Extended family.
---	--
9. Duration you know getting HIV infection _____ years _____ months.
10. Your health status at this time

A. <input type="checkbox"/> No symptoms	B. <input type="checkbox"/> Have symptoms _____
---	---
11. Are you worried about your health problem?
12.
13.
14.

Child

15. Age _____ years _____ months.
16. Sex A. Boy B. Girl.
- 17.....
- 18.....
- 19.....
- 20.....

Part II. The anxiety interview schedule.

The purpose of this test is to measure your level of anxiety after knowing that you got infected by HIV and you have to take care your child. There are no right or wrong answers. It measures your feelings or behaviors in the last one month. Please give the answer which seem to describe your feeling best.

Items	None or a little of the time	Somewhat	Moderately so	Very much so
<ol style="list-style-type: none"> 1. You feel excited or agitated more than usual. 2. You feel fear or worried for no reason. 3. You feel easily frighten. 4. You feel dizzy like falling from height. 5. You feel everything is all right.* 6. You feel your arm and leg tremble. 7. You feel unwell from headache. 8. You feel fatigue and tired. 9. You feel calm and keep still.* 10. Your heart beats faster than usual. 11. You feel unwell and dizziness. 12. You feel faintness. 13. You can easily breath.* 14. You feel numbness and sudden pang at your fingers. 15. You feel unwell, abdominal pain and nausea. 16. You frequently urinate. 17. You feel your hands are warmer than usual.* 18. You feel flash intermittently. 19. You have good sleep all night.* 20. You have a bad dream when thinking about the disease you got. 				

* means positive question

Part III. Interview schedule for testing knowledge about HIV infection, self care and child care.

Please give the answer which seem to describe your feeling best.

Items	Yes	No	Unknown
1. HIV is virus which causes AIDS.			
2. Symptoms of AIDS will appear immediately after getting infected by HIV.			
3. Getting infected by HIV will cause the immune system worse.			
4. There is no any medication to cure when getting AIDS.			
5. Getting HIV in the body, although there is no symptom, but you can spread HIV to other persons.			
6. AIDS can be cure if you know early.			
7. Sharing food with HIV-infected person could contract AIDS.			
8. Looking for HIV could be done by blood examination.			
9. AIDS vaccine is available now.			
10. Taking care your health will strengthen your immune system, so there is no AIDS symptoms.			
11. When you feel unwell such as common cold, cough or fever, you should buy and take drugs by yourself.			
12. Good food could prevent you from complications.			
13. When you have diarrhea, you should not take any food or medications.			
14. Sleeping for 4 – 5 hours is adequate for HIV-infected person.			
15. Talking to other persons helps reducing anxiety.			
16. HIV-infected person could have sexual relationship with the spouse by using condom.			
17. HIV-infected person shouldn't exercise because it will cause weakness.			
18. HIV-infected mother should feed her baby with breast milk.			
19. Ill child who has AIDS symptoms shouldn't receive BCG vaccine.			
20. HIV-infected child should learn together with normal children.			
21. When HIV-infected children feel unwell, they should be taken care and treated by doctor.			
22. Children should get milk and appropriate food according to age.			
23. Don't frequently embrace your child because child would get infected by HIV from mother.			

Part IV. Child care behavior interview schedule.

Every time means mother does everyday or every time.

Sometime means mother does for sometime or some days.

Never means mother never does.

Items	Every time	Sometime	Never
<ol style="list-style-type: none"> 1. You give milk and/or 5 groups of food to your child . 2. You give your child at least 4 eggs a week. 3. You always give your child sweetened milk. 4. You take care your child's oral hygiene. 5. You take a bath to your child at least once a day. 6. You wash your hands before preparing food and feeding. 7. You give your child vegetables and fruit everyday. 8. You give your child drink clean water such as boiled water/filtered water. 9. You take your child to have health checking as appointment every time. 10. You take your child to get vaccination as appointment every time. 11. If the site of vaccination gets hard, you will massage with warm cloth compression. 12. If your child has high fever, you rub your child every time. 13. If your child gets diarrhea, you let him defecate without giving him water or anything. 14. When your child is sick, you give him medications every time. 15. When your child defecate or urinate, you change napkins or dresses for prevention of skin infection. 16. You don't allow your child playing with the person who contracts communicable disease. 17. You let your child play alone without caretakers. 18. You give your child have sleep at daytime at least 1 – 2 hours. 19. You soothe and hug your child every time he/she cries. 20. You use herbal medication to cure your child illness. 			

Part V. Evaluation of self-help group

The purpose of this test is to understand your feeling or suggestions about attending the self-help group. Please give the answer or any suggestions (in topic of suggestion) which seem to describe your feeling best. There are no right or wrong answers. It is your feelings or suggestions about the self-help group.

No.	Items	Agree	Uncertain	Disagree
	<u>Before attending the self-help group.</u>			
1	You feel unhappy and worried about your health.			
2	You feel unhappy and worried about your child's health.			
3	You feel unhappy and worried about group attending.			
	<u>During attending the self-help group.</u>			
4	You feel satisfied that you get friends who understand and have the same problems.			
5	You trust group members in talking about health and any problems.			
6	You are willing to face with the problems.			
7	You feel that group attending causes more anxious about child care.			
8	You feel happy to talking with the group members.			
9	You feel proud and happy because you can help the group members solving the problems.			
10	You get more information and knowledge about AIDS.			
	<u>After attending the self-help group.</u>			
11	You feel more convinced in child care.			
12	You get more knowledge about child care.			
13	With the knowledge you got, you can do.			
14	With the knowledge you got, you can advice HIV-infected person who has the child in the same age as yours.			

15. You get suggestion in solving the problems or help from group members
- A. Yes. In term of _____
 - B. No. Because _____
 - C. Others _____
16. You give willpower and suggestions to group members who loss their willpower and are discouraged.
- A. Yes. In term of _____
 - B. No. Because _____
 - C. Others _____
17. Whom do you want to be the self-help group leader?
- A. Leader which members select.
 - B. Health personnel. Because _____
18. Have you ever told anyone in attending the self-help group?
- A. Never.
 - B. Would like to tell _____
 - C. Yes. Tell _____
19. Should you suggest other HIV-infected person attending the self-help group like you?
- A. Yes. Because _____
 - B. No. Because _____
20. Do you want information and progression about child care regularly sending to you and group members?
- A. Yes.
 - B. No. Because _____
21. Do you want information about health sending to you at home?
- A. Yes.
 - B. No. Because _____
22. Who should recruit the new members for self-help group?
- A. Health personnel.
 - B. Group member
 - C. Group leader.
23. Who should list the name and address of members distributing to group members?
- A. Health personnel.
 - B. Group member
 - C. Group leader.
 - D. Others _____
24. Should the self-help group continuously conduct?
- A. Yes. Because _____
 - B. No. Because _____
25. Is the place for conducting the self-help group suitable?
- A. Suitable.
 - B. Unsuitable. Because _____
It should be improved in term of _____

26. Is duration for attending the self-help group appropriate?

A. Appropriate

B. Inappropriate. Because _____

27. What do you think about attending the self-help group?

A. Be able to attending every time. Because _____

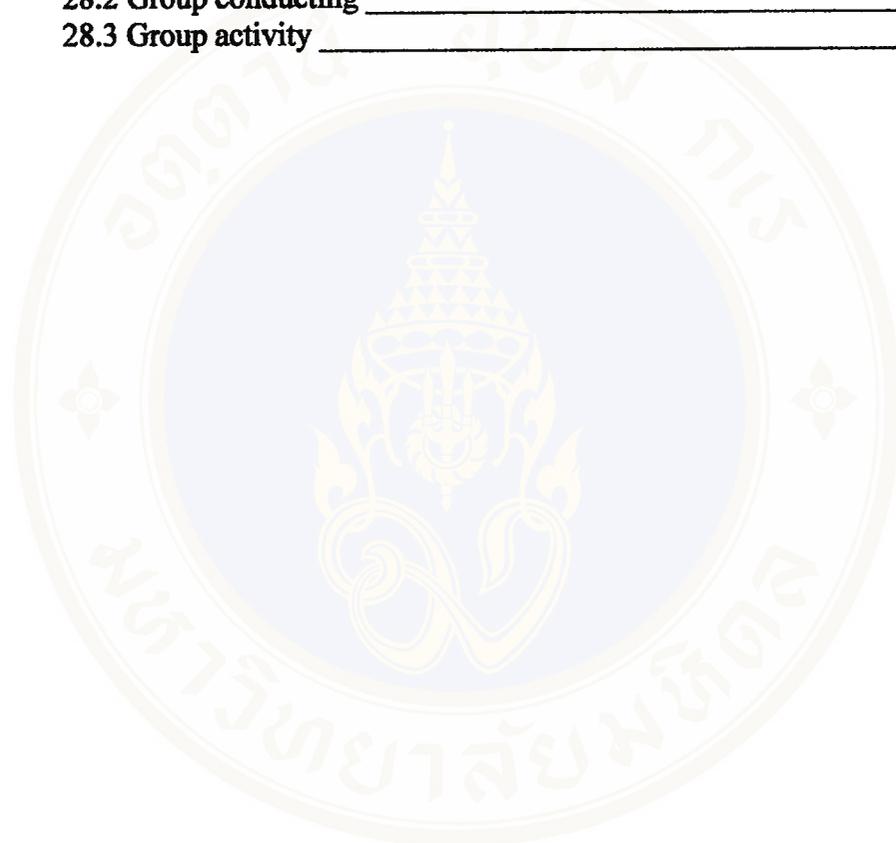
B. Be unable to attending every time. Because _____

28. Any suggestions to improve the self-help group in term of

28.1 Organization of the self-help group _____

28.2 Group conducting _____

28.3 Group activity _____



BIOGRAPHY

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DATE OF BIRTH 21 November 1955

PLACE OF BIRTH Nan, Thailand

INSTITUTIONS ATTENDED Mahidol University, 1981-1982:
Bachelor of Science (Public
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GRANT Getting Research Grant from Faculty of
Graduate Studies, Mahidol University in the
academic year of 2000

POSITION & OFFICE Queen Sirikit National Institute of Child
Health, Department of Medical Services,
Ministry of Public Health, Bangkok,
Thailand.
Position: Professional Nurse





รายละเอียดของ แผนภูมิลำดับเรื่อง (FLIP CHART) ชุด "เราอยู่ร่วมกันได้"
มีเนื้อหาเกี่ยวกับ การดูแลตนเองเมื่อติดเชื้อเอชไอวี จำนวน 8 แผ่น

แผ่นที่	ภาพ	ข้อความ
1	พ่อ แม่ ลูก	"เราอยู่ร่วมกันได้"
2	แม่นั่งรับประทานอาหาร มีอาหารวางบนโต๊ะ	การรับประทานอาหารและการดื่ม ข้อความที่ 1 ร่างกายต้องการอาหารเพื่อเสริมสร้าง ให้พลังงาน และปกป้อง ไม่ให้ร่างกายติดเชื้อง่าย ข้อความที่ 2 อาหารที่มีประโยชน์ ครบ 5 หมู่ <ul style="list-style-type: none"> • อาหารเสริมสร้างร่างกาย ได้แก่ ถั่ว นม ไข่ เนื้อสัตว์ ปลา • อาหารที่ให้พลังงาน ได้แก่ ข้าว ขนมปัง • อาหารที่ป้องกันร่างกายจากการติดเชื้อ (วิตามิน) ได้แก่ ผลไม้ทุกชนิด ผัก ข้อความที่ 3 งดดื่มสุรา แต่ดื่มนม หรือน้ำผลไม้แทน
3	ภาพนอนหลับ ภาพนั่งฟังเพลง	การพักผ่อนนอนหลับ ข้อความที่ 1 ร่างกายต้องการการพักผ่อนมากขึ้น ควรนอนอย่างน้อยคืนละ 8 ชั่วโมง พักผ่อนทุกครั้งที่มีอาการเหนื่อย ข้อความที่ 2 ควรพักผ่อน เช่น ฟังวิทยุ อ่านหนังสือ หรือทำงานอดิเรกที่ชอบ พูดคุย หรืออ่านหนังสือกับลูก
4	ภาพการทำงาน	การทำงาน ทำงานตรงที่คุณยังทำได้ งานทำให้ได้เงิน ทำให้กระชับกระแง ได้พบเพื่อนร่วม งาน สัมผัสความวิตกกังวลได้ การมีเพศสัมพันธ์ที่ปลอดภัย ใช้ถุงยางอนามัยทุกครั้ง
5	ภาพตรวจร่างกาย	การขอความช่วยเหลือทางการแพทย์ ข้อความที่ 1 เมื่อติดเชื้อเอชไอวี จงอย่าหมดหวัง ความพบบทแพทย์เมื่อรู้สึกไม่สบาย ความเจ็บป่วยสามารถรักษาได้ ข้อความที่ 2 ควรมารับการรักษาจากแพทย์ที่เคยพบประจำ
6	ภาพตรวจร่างกาย / กินยา	<u>ล้างเสีย</u> ให้ดื่มน้ำมากขึ้น หรือดื่มน้ำเกลือแร่ เพื่อรักษาและป้องกันการขาดน้ำ ทุกครั้งที่ทำเป็นน้ำ ให้ดื่มน้ำทดแทนหนึ่งแก้ว <u>มีแผลในปาก</u> รักษาแผล และรับประทานอาหารเหลว
7	ภาพการตรวจรักษา จากแพทย์	สมุนไพร/ยาแผนโบราณ/ไสยศาสตร์ ข้อความที่ 1 สมุนไพรบางอย่างสามารถแก้ไขความเจ็บป่วยบางอย่างได้ เช่น ทำให้หายคัน หายไอ อย่างไรก็ตามยังไม่มีสมุนไพรที่รักษาโรคเอดส์ให้หายได้ ข้อความที่ 2 สมุนไพรบางตัวราคาแพงมาก หากนำเงินมาซื้ออาหารและของใช้ที่ มีประโยชน์มาใช้ จะเป็นการดีกว่า ข้อความที่ 3 การติดเชื้อเอชไอวี หรือเอดส์ ไม่ได้เกิดจากเวทมนตร์หรือไสยศาสตร์ ใดๆ ดังนั้นการใช้เวทมนตร์รักษาให้หายไม่ได้ จะเสียเงินเปล่า
8	ภาพการอยู่ร่วมกัน ในครอบครัว	จงใช้ชีวิตกับครอบครัวและลูก อย่างมีความสุข คุณไม่ได้อยู่คนเดียว จงเป็นกำลังใจให้กันและกัน เพื่อต่อสู้ชีวิตต่อไป

แผนภูมิลำดับเรื่อง (FLIP CHART) ชุด "การดูแลเด็กที่ติดเชื้อเอชไอวี / โรคเอดส์" จำนวน 5 แผ่น

แผ่นที่	ภาพ	ข้อความ
1	ภาพเด็ก	เด็กที่ติดเชื้อเอชไอวี หรือเป็นโรคเอดส์ เด็กต้องการ : ▶ ความรักและการเอาใจใส่ ▶ อาหารที่มีประโยชน์ ▶ สภาพแวดล้อมที่ดี สะอาด ▶ เมื่อเจ็บป่วย ควรรับการรักษาจากแพทย์
2	ภาพป้อนอาหารเด็ก และ ตารางการให้อาหารตามวัย	การให้อาหาร ▶ ควรให้นมผสมแทนนมมารดา ▶ ให้อาหารที่มีประโยชน์และถูกต้องตามวัย ▶ ให้อาหารเหลวเมื่อเด็กมีแผลในปาก
3	แม่อุ้มกอดเด็ก ภาพเด็กเล่น	ความรักและการเอาใจใส่ ข้อความที่ 1 การอุ้มหรือกอดเด็ก เป็นเรื่องปลอดภัย เพราะปัสสาวะ น้ำลาย อุจจาระ หรือ อาเจียนของเด็กไม่มีเชื้อเอชไอวี การเล่นหรือใช้ของเล่นร่วมกันจึง ปลอดภัย ข้อความที่ 2 เด็กที่ติดเชื้อ ควรได้รับการสนับสนุนให้ไปโรงเรียน อยาแบ่งแยกกัน
4	ภาพฉีดวัคซีน ตารางการให้วัคซีนตามวัย	การให้ภูมิคุ้มกันโรค เด็กควรได้รับการสร้างเสริมภูมิคุ้มกันโรค คอตีบ ไอกรน บาดทะยัก โปลิโอ หัด และวัณโรค ยกเว้นเด็กที่เป็นโรคเอดส์ ไม่ควรได้รับวัคซีนบีซีจี
5	ภาพครอบครัวมีความสุข	เด็กที่อยู่ในครอบครัว พ่อแม่ที่ติดเชื้อหรือป่วยเป็นโรคเอดส์ ควรช่วยเหลือลูกๆ โดย... ▶ ใช้เวลาอยู่กับลูก และดูแลชี้แนะพวกเขา ▶ เตรียมให้ญาติได้มาช่วยดูแลเด็กในอนาคต ▶ เตรียมเงินค่าเล่าเรียนสำหรับอนาคต ถ้าทำได้ ▶ ทำพินัยกรรม

พวงพร กอจรัญจิตต์ 1/11/2542

ความรักและการเอาใจใส่

- การอุ้มหรือกอดเด็กเป็นเรื่องปลอดภัย เพราะบัสสาวะ น้ำลาย อุจจาระหรืออาเจียนของเด็ก ไม่มีเชื้อเอชไอวี การเล่นหรือใช้ของเล่นร่วมกันจึงปลอดภัย
- เด็กที่ติดเชื้อเอชไอวี ควรได้รับการสนับสนุนให้ไปโรงเรียน ไม่ควรแบ่งแยกกัน



การให้ภูมิคุ้มกันโรค

- เด็กควรได้รับการสร้างเสริมภูมิคุ้มกันโรค คอตีบ ไอกรน บาดทะยัก โปлио หัด และวัณโรค ยกเว้นเด็กที่เป็นโรคเอดส์ ไม่ควรได้รับวัคซีนป้องกันวัณโรค
- ควรพาเด็กมารับวัคซีนตามนัดทุกครั้ง

เด็กที่อยู่ในครอบครัว

พ่อแม่ที่ติดเชื้อหรือป่วยเป็นโรคเอดส์ ควรช่วยเหลือลูกๆ โดย...

- ใช้เวลาอยู่กับลูกและดูแลชี้แนะพวกเขา
- เตรียมให้ญาติได้มาช่วยดูแลเด็กในอนาคต
- เตรียมเงินค่าเล่าเรียนสำหรับอนาคต ถ้าทำได้
- ปกป้องครอบครัวและทรัพย์สินเพื่อลูกๆ
- ทำพินัยกรรม



ลูกของเรา เฝ้ารักทนุถนอม
ให้อาหารดีพร้อม สิ่งแวดล้อมสะอาด
ให้ภูมิคุ้มกันครบถ้วน อย่าได้ขาด
และอย่าพลาด พบแพทย์เมื่อเจ็บป่วย



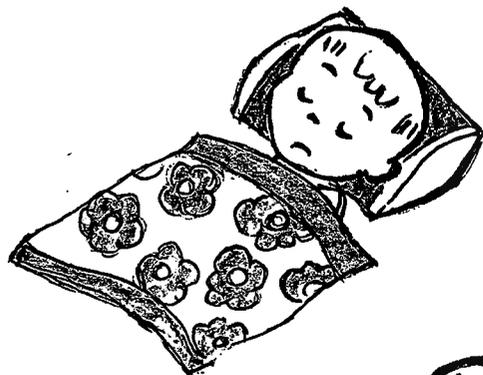
ด้วยความปรารถนาดีจาก...
นางพวงพร กอจรัญจิตต์ นักศึกษาวิทยาศาสตร์
มหาบัณฑิต สาขาสุขภาพศึกษาและพฤติกรรมศาสตร์
คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล



การดูแลเด็ก
ที่ติดเชื้อเอชไอวี
หรือเป็นโรคเอดส์



เด็กที่ติดเชื่อเชซไอวี หรือเป็นโรคเอดส์



เด็กต้องการ



- ความรักและการเอาใจใส่
- อาหารที่มีประโยชน์
- สภาพแวดล้อมที่ดี สะอาด
- เมื่อเจ็บป่วย ควรรับการรักษา
จากแพทย์

การให้อาหาร



- ควรให้นมผสมแทนนมมารดา
- ให้อาหารที่มีประโยชน์และถูกต้องตามวัย
- ให้อาหารเหลว เมื่อเด็กมีแผลในปาก

เด็กควรได้รับอาหารตามวัยดังนี้



อายุ	อาหารที่ให้
3-4 เดือน	เริ่มนำผลไม้ ผลไม้สุก เช่นน้ำส้มคั้น กล้วยน้ำว้าสุกครูดเอาแต่เนื้อๆ เมื่อ รับได้ดี จึงเพิ่มข้าวบดละเอียดผสม น้ำต้มผัก น้ำแกงจืด ไข่แดงต้มสุกบด ละเอียด เพียงวันละ 1 ครั้ง
5 เดือน	ผสมเนื้อปลาบดละเอียด
6 เดือน	ผสมผัก เช่นฟักทองต้มบดละเอียด ใบตำลึง ผักนึ่ง เนื้อหมู เนื้อไก่บด ละเอียด เปลี่ยนสลับกันไป ให้แทน นมได้ 1 มื้อ
7 เดือน	ให้ไข่ได้ทั้งไข่แดงและไข่ขาว หัดให้ หยิบอาหารรับประทานได้เอง เพราะ เด็กเริ่มใช้นิ้วมือหยิบจับของได้แล้ว รวมทั้งให้อาหารที่ขบเคี้ยวได้บ้าง เนื่องจากฟันจะเริ่มงอก
8-9 เดือน	ข้าวบดผสมเนื้อสัตว์ ตับ และผักต้ม แทนนมได้ 2 มื้อ อาจให้ขนมหวานได้
10-12 เดือน	ให้อาหารได้ทุกชนิดบดหยาบกว่า เดิม ให้อาหารได้ 3 มื้อ หัดเด็กให้ดื่ม น้ำและนมจากแก้ว หัดให้เด็กใช้ช้อน ตักอาหารรับประทานอาหารเองได้ บ้าง

เด็กวัยก่อนเรียน 1-3 ปี ควรได้รับอาหารในรูป
แบบที่คล้ายอาหารผู้ใหญ่ คือ อาหารหลัก 3 มื้อ และ
ครบ 5 หมู่ ในแต่ละวันโดยนมเป็นอาหารเสริม



อาหารควรมีลักษณะอ่อนนุ่มที่สามารถตัดเป็น
ชิ้นเล็กๆ พอเหมาะกับปากเด็ก ไม่ควรมีรสจัด หรือ
ย่อยยาก ควรให้โปรตีนจากเนื้อสัตว์ต่างๆ ซึ่งจะเป็น
โปรตีนที่มีคุณค่าดีกว่าโปรตีนจากพืช นอกจากนี้ยัง
ควรให้ผักและผลไม้พอสมควรเพื่อให้เด็กมีการเจริญ
เติบโตและพัฒนาการที่ดี เมื่อเด็กมีความพร้อมในการ
ตักอาหารใส่ปากได้เอง เมื่ออายุ 2 ปี ผู้ใหญ่ควรจะ
ปล่อยให้เด็กได้ช่วยเหลือตนเอง หัดให้เด็กรับประทาน
อาหารเอง ให้ดื่มนมจากแก้ว ขณะเดียวกันไม่ควร
บังคับให้เด็กรับประทานอาหารเพราะเด็กจะต่อต้าน
และกินอาหารยากขึ้น

สมุนไพร/ยาแผนโบราณ/ไสยศาสตร์

◆ สมุนไพรบางอย่างสามารถแก้ไขความเจ็บป่วยบางอย่างได้ เช่น ทำให้หายคัน หายไอ อย่างไรก็ตามยังไม่มีสมุนไพรที่รักษาโรคเอดส์ให้หายได้

◆ สมุนไพรบางตัวราคาแพงมาก หากนำเงินมาซื้ออาหารและของใช้ที่มีประโยชน์มาใช้ จะเป็นการดีกว่า

◆ การติดเชื่อเฮปไอวี หรือเอดส์ ไม่ได้เกิดจากเวทมนตร์หรือไสยศาสตร์ใดๆ ดังนั้นการใช้เวทมนตร์รักษาให้หายไม่ได้ จะเสียเงินเปล่า



จงใช้ชีวิตกับครอบครัวและลูก
อย่างมีความสุข
คุณไม่ได้อยู่คนเดียว
จงเป็นกำลังใจให้กันและกัน
เพื่อต่อสู้ชีวิตต่อไป



ด้วยความปรารถนาดีจาก...

นางทองพร กอจรัญจิตต์ นักศึกษาวิทยาศาสตร์
มหบัณฑิต สาขาสุขภาพศึกษาและพฤติกรรมศาสตร์
คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล



“เราอยู่ร่วมกันได้”



การดูแลตนเองเมื่อติดเชื้อเอชไอวี

การรับประทานอาหารและการดื่ม



ร่างกายต้องการอาหารเพื่อเสริมสร้าง ให้พลังงาน และปกป้องไม่ให้ร่างกายติดเชื้อง่าย

อาหารที่มีประโยชน์ ครบ 5 หมู่

- อาหารเสริมสร้างร่างกาย ได้แก่ ถั่ว นม ไข่ เนื้อสัตว์ ปลา
 - อาหารที่ให้พลังงาน ได้แก่ ข้าว ขนมปัง น้ำตาล น้ำมันพืช
 - อาหารที่ป้องกันร่างกายจากการติดเชื้อ ได้แก่ ผลไม้ทุกชนิด ผัก
- ควรดื่มน้ำสะอาด แต่ดื่มนมหรือน้ำผลไม้แทน

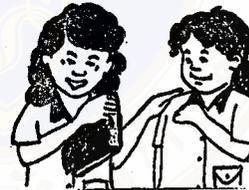


การพักผ่อนนอนหลับ



ร่างกายต้องการการพักผ่อนมากขึ้น ควรนอนอย่างน้อย 8 ชั่วโมง พักผ่อนทุกครั้งที่มีอาการเหนื่อย

ควรพักผ่อน เช่น ฟังวิทยุ อ่านหนังสือ หรือทำงานอดิเรกที่ชอบ พูดคุยหรืออ่านหนังสือกับลูก



การทำงาน

- ◆ จงทำงานตราบที่คุณยังทำได้ งานทำให้ได้เงิน ทำให้กระฉับกระเฉง ได้พบเพื่อนร่วมงาน ลืมความวิตกกังวลได้

การมีเพศสัมพันธ์ที่ปลอดภัย

- ◆ ใช้ถุงยางอนามัยถูกวิธี ถ้าใช้ไม่เป็นให้ปรึกษาเจ้าหน้าที่สาธารณสุข

การขอความช่วยเหลือทางการแพทย์



เมื่อติดเชื้อเอชไอวี จงอย่าหมดหวัง ควรมาพบแพทย์ เมื่อรู้สึกไม่สบาย ความเจ็บป่วยสามารถรักษาได้

ควรมารับการรักษาจากแพทย์ที่เคยพบประจำ



ถ้ามีอาการท้องเสีย



- ◆ ให้ดื่มน้ำมากขึ้น หรือดื่มน้ำเกลือแร่ เพื่อรักษาและป้องกันการขาดน้ำ
- ◆ ทุกครั้งที่ถ่ายเป็นน้ำ ให้ดื่มน้ำทดแทนหนึ่งแก้ว

ถ้ามีแผลในปาก



- ◆ ปรึกษาแพทย์เพื่อรักษาแผล
- ◆ รับประทานอาหารเหลว



คู่มือ

การเข้าร่วมกลุ่มช่วยเหลือตนเอง
สำหรับมารดาที่พาบุตรมารับบริการ
ณ คลินิกภูมิคุ้มกัน
สถาบันสุขภาพเด็กแห่งชาติมหาราชินี



โดย

นางพวงพร กอจรัญจิตต์
นักศึกษาวิทยาศาสตร์มหาบัณฑิต
สาขาสุขศึกษาและพฤติกรรมศาสตร์
คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล

คำนำ

คู่มือ “การเข้าร่วมกลุ่มช่วยเหลือตนเอง” เล่มนี้จัดทำขึ้นเพื่อเป็นคู่มือสำหรับมารดาที่พบบุตรมารับบริการ ณ คลินิกภูมิคุ้มกัน สถาบันสุขภาพเด็กแห่งชาติมหาราชินี และได้เข้าร่วมกลุ่มช่วยเหลือตนเอง เพื่อจะได้ทราบถึง ความหมาย วัตถุประสงค์ ประโยชน์ของการเข้าร่วมกลุ่มช่วยเหลือตนเอง ตลอดจนบทบาทของผู้นำกลุ่ม สมาชิกกลุ่ม ทั้งนี้เพื่อให้มารดาได้เข้าใจบทบาทของตัวเองในการเข้าร่วมกลุ่มช่วยเหลือตนเอง เพื่อการดำเนินงานของกลุ่มมีประสิทธิภาพและบรรลุตามเป้าหมาย

พวงพร กอจรัญจิตต์

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กลุ่มช่วยเหลือตนเองคืออะไร

กลุ่มช่วยเหลือตนเอง หมายถึง การรวมตัวของกลุ่มบุคคลที่มีปัญหาคล้ายคลึงกัน โดยความสมัครใจ เพื่อแลกเปลี่ยนประสบการณ์เกี่ยวกับปัญหาหรือสภาพที่ไม่พึงประสงค์ที่ตนเองมีอยู่ และร่วมกันอภิปรายหาแนวทางแก้ไขปัญหากันภายในกลุ่ม สมาชิกทุกคนจะให้การสนับสนุนและช่วยเหลือซึ่งกันและกัน

การดำเนินการครั้งนี้ กลุ่มช่วยเหลือตนเอง หมายถึง การรวมตัวกันของมารดาที่พาบุตรมารับบริการ ณ คลินิกภูมิคุ้มกัน การรวมตัวกันเพื่ออภิปรายหาแนวทางแก้ไขปัญหาเพื่อลดความวิตกกังวล ซึ่งจะมีผลต่อการมีพฤติกรรมการดูแลบุตร

วัตถุประสงค์ของการเข้ากลุ่มช่วยเหลือตนเอง

- ❶ ช่วยให้สมาชิกในกลุ่มปรับตัวเข้ากับสถานการณ์ และสิ่งแวดล้อมใหม่ได้
- ❷ เพื่อลดระดับความรู้สึกต่างๆ ที่ก่อความวิตกกังวล ความเป็นอยู่ เช่น ความกลัว ความวิตกกังวล ความเครียด ความซึมเศร้า เป็นต้น
- ❸ พัฒนาศักยภาพของสมาชิก ในการดำเนินชีวิตประจำวัน การทำงาน การดูแลบุตรและการอยู่ร่วมกับบุคคลอื่นในสังคม
- ❹ สร้างความรู้สึกมีคุณค่าของตนเองในสังคม ด้วยการมีส่วนร่วมในการแก้ไขปัญหาของสมาชิกในกลุ่ม

การดำเนินการกลุ่มช่วยเหลือตนเอง

การดำเนินการโดยให้ทุกคนในกลุ่มร่วมกันอภิปราย แสดงความคิดเห็น แลกเปลี่ยนประสบการณ์ต่างๆ ในการแก้ไขปัญหา หรือจัดการกับลักษณะที่ไม่พึงประสงค์ของกลุ่ม ซึ่งสมาชิกทุกคนมีบทบาทเป็นทั้งผู้ให้และผู้รับการช่วยเหลือ

การศึกษาครั้งนี้ มีวิธีการดำเนินการดังนี้

- ❶ หาปัญหาที่ทำให้สมาชิกกลุ่มเกิดความวิตกกังวล ซึ่งมีผลต่อการดูแลบุตร
- ❷ ช่วยเหลือซึ่งกันและกัน หาแนวทางแก้ไขปัญหา ร่วมกัน
- ❸ เลือกแนวทางแก้ไขปัญหาที่เหมาะสมกับตัวเอง ไปปฏิบัติ
- ❹ ประเมินผลสำเร็จของการปฏิบัติ

บทบาทเมื่อเข้ากลุ่มช่วยเหลือตนเอง

กลุ่มช่วยเหลือตนเองประกอบด้วย ผู้นำกลุ่ม และสมาชิกกลุ่ม ซึ่งมีบทบาทดังนี้

ผู้นำกลุ่ม

- ❶ กระตุ้นให้สมาชิกกลุ่มได้ พุดจา แลกเปลี่ยนความคิดเห็นกันอย่างเต็มที่
- ❷ สร้างบรรยากาศให้มีชีวิตชีวา ให้ทุกคนมีอิสระในการแสดงความรู้สึก ความคิดเห็น และหาแนวทางแก้ไขปัญหา โดยไม่ให้บรรยากาศตึงเครียด
- ❸ มีความเป็นกลาง เป็นนักฟัง ไม่ผูกขาดการพูด ไม่สนใจปัญหาของสมาชิกคนใดคนหนึ่งเพียงคนเดียว
- ❹ ประสานความคิดเห็นต่างๆ ของสมาชิกกลุ่มเข้าด้วยกัน

- ❺ สรุปความก้าวหน้าของกลุ่ม ผลการอภิปราย และการลงมติต่างๆ

สมาชิกกลุ่ม

- ❶ เสนอความคิดเห็นและแลกเปลี่ยนประสบการณ์
- ❷ เป็นผู้คอยกระตุ้น สนับสนุนให้กำลังใจ รับฟังความคิดเห็นของเพื่อนสมาชิก
- ❸ สร้างบรรยากาศภายในกลุ่มให้อยู่ในสภาพที่เหมาะสม คือไม่เข้มงวดหรือเคร่งเครียดมากเกินไป
- ❹ ช่วยแก้ไขข้อขัดแย้งภายในกลุ่ม ลดความตึงเครียด และการกระทบกระทั่งภายในกลุ่ม
- ❺ ชักถามข้อมูลเพิ่มเติมเมื่อเกิดความสงสัย

ประโยชน์ของการเข้ากลุ่มช่วยเหลือตนเอง

- ① สมาชิกกลุ่มสามารถปรับตัวให้เข้ากับสถานการณ์ หรือสิ่งแวดล้อมใหม่ และเพิ่มความสามารถในการดูแลตนเอง และการดูแลบุตร
- ② สมาชิกกลุ่มได้แลกเปลี่ยนประสบการณ์และความคิดเห็น เพื่อลดความวิตกกังวล
- ③ สมาชิกกลุ่มได้รับการพัฒนาให้มีศักยภาพในการดำเนินชีวิตประจำวัน การทำงาน การดูแลบุตร และการอยู่ร่วมกับบุคคลอื่นในสังคม
- ④ สมาชิกกลุ่มเกิดความรู้สึกมีคุณค่าต่อสังคมร่วมกันแก้ปัญหาให้เพื่อนสมาชิก ช่วยเหลือผู้อื่น

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จงใช้ชีวิตกับครอบครัวและลูก
อย่างมีความสุข
คุณไม่ได้อยู่คนเดียว
จงเป็นกำลังใจให้กันและกัน
เพื่อต่อสู้ชีวิตต่อไป