

# COMPARISON OF SELF-CARE BEHAVIOR BETWEEN HIV/AIDS INFECTED AND NON-INFECTED MOTHERS

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**ABSTRACT:** This qualitative research aims to study the comparison of self-care behavior between HIV/AIDS infected and non-infected mothers, conducted by interviewing data of 6 aspects of self-care behavior under Orem's self-care framework. The study cases were 8 HIV/AIDS infected postpartum mothers and 8 HIV/AIDS non-infected mothers; both groups received postpartum services at gynecology clinic, Maha Chakri Sirindhorn Roi-Et Provincial Hospital. The research results showed that for aspect 1: food, water and air, both groups had adequate 5 nutritious foods. Abstaining from fermented food, tea and coffee were reported in HIV/AIDS infected group, abstaining from fermented fish, fat and sweet food in non-HIV/AIDS infected group. In aspect 2: excretion, there was no difference regarding urination and constipation problem in both groups but in HIV/AIDS infected group, their feces were black during treatment of antiviral. Aspect 3: activity and rest, there was no difference in both groups. Aspect 4: solitude and social interaction, the HIV/AIDS infected group had a single family while the non-HIV/AIDS infected had an extended family support. The family relationship of non-HIV/AIDS infected group was better than that of the HIV/AIDS infected group. Both groups which took care of their children had identical number of family member. Participating in community activities, the HIV/AIDS infected group was more active. Aspect 5: prevention of hazard, the HIV/AIDS infected group fed their children with formula milk while the non-HIV/AIDS infected breastfed their children together with supplements before 6 months. Aspect 6: promotion to normality, both groups were satisfied with their lives but some anxieties over their infection were found in the HIV/AIDS infected group.

**Keywords:** Self-care behavior, HIV/AIDS – infected mothers

## INTRODUCTION

The epidemic of HIV/AIDS in the world was first reported in 1983. In Thailand, the first case of HIV/AIDS was in 1984, a man who had returned from abroad HIV/AIDS can be divided into the following six stages. Stage 1: The epidemic began with transmission among gay groups - men who have sex with men - during the period from 1984 to 1987. Stage 2: The spread of HIV among injected drug users was detected in 1988. Stage 3: HIV began to spread into the prostitute population. Stage 4: The spread of HIV in males, with Sexual transmitted infection (STI), attending clinic, began were apparent in 1990. Stage 5: HIV spread to housewives. Stage 6: The infection was found in newborns from HIV-infected mothers [1]. From 1 October 2009 – 30 September 2010, there were 29 infected HIV/AIDS cases out of 529 pregnant patients at Maha Chakri Sirindhorn Roi-Et Provincial Hospital [2]. Neither standard guidelines for taking care of mothers and children with HIV nor study about postpartum mothers in this hospital in Roi-Et province were reported. Therefore, the study about self-care of postpartum HIV infected mothers would be beneficial to further healthcare improvement.

## METHODOLOGY

This research was designed as a qualitative research using the phenomenological approach. The study population was based on postpartum mothers who used the postpartum services. They were divided into two groups based on the following criteria: 1) Postpartum mothers who delivered at labour room in Roi-Et Hospital. 2) Rested at postpartum ward after delivery. 3) Received advice following "The advice of postpartum mother" handbook or received the handbook during recuperation at the postpartum ward. 4) Received postpartum services during March – April 2011 at Roi-Et Hospital. 5) Age: 20-35 years old. 6) Completed education: below bachelor's degree.

Purposive sampling technique was used among eight HIV/AIDS infected mothers compared to eight non-infected mothers. Sample mothers of both groups continued until data saturation and throughout the study.

## Research Instruments

Instrument characteristic-using the instrument to collect information is the structured interview consisting of 4 parts; Part 1: General information interview form (interview both groups). Part 2: Interview form for HIV-infected mothers. Part 3: Interviewing 6 aspects using conceptual framework of Orem's self-care [3] (both groups). Part 4:

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interviewing 13 aspect behaviors of mothers, source: “the advices of postpartum mother” handbook by postpartum section’s officers, Roi-Et Hospital, Roi-Et Province (both groups).

**The quality of research instruments:** Content validity: Presentation of the designed interview form including the study outline was sent to 4 experts to validate.

**The steps taken during the data collection were as follows:** Before conducting research, the researcher went to ask for permission to collect data from the nurse postpartum ward head and the social worker head of Roi-Et Hospital, Roi-Et Province for. After that, mothers of both HIV/AIDS infected and non-infected (informants) chosen to participate in this study were interviewed about their experience of self-care behavior after delivery.

Data analysis by content analysis was done. This method was continuous dynamic process, which is integrated into data collection and coding. Interviews were transcribed and coded line by line. Coded data were clustered into related categories and compared with new data to discover the relationships between data in the process of identifying recurring words concepts, and themes until saturation had been reached. Consequently, the key concepts were organized into conceptual framework of the study.

## RESULTS

To compare difference and similarity by using a structural interview to collect data and to present:

**Part 1 general information of 2 groups:** Age groups of informants 20-30 years. Marital status of HIV/AIDS- infected informants: 6 living with their husbands, 2 were divorced. Marital status of non-HIV/AIDS infected informants 7 living with their husbands, one was divorced. All were Thai and Buddhist. Occupation: The HIV/AIDS infected informants were employees (3 cases), housewives (2 cases), merchants (2 cases) and farmer (1 case). The non-HIV infected were employees (5 cases), merchants (2 cases) and housewife (1 case). Present residence: Six of the HIV/AIDS infected informants lived in Muang district, 2 lived in other districts. Five of the non-HIV/AIDS infected informants lived in Muang district, 3 lived in other districts.

**Delivery:** both groups presented the same, 5 of both HIV/AIDS -infected and non infected groups had normal delivery and 3 had caesarean section. The number of living children of HIV/AIDS infected informants: 5 informants had one child, and 3 informants had 2 children. The number of living children of non-HIV/AIDS infected: 3 informants had one child, 4 informants had 2 children and 1 informant had still birth.

**Family illness records:** there were no illness records

of the 7 HIV/AIDS infected informants, family members, except one case with diabetes

*“My mother had diabetes” (AF3),*

For 5 non-HIV/AIDS infected informants, their family members had no illness records, and 3 with sickness.

*“My father has a liver cancer. The doctor said he has a bone tuberculosis with diabetes mellitus” (F3)*

*“My elder son has asthma” (F6)*

*“My parent has diabetes” (F8).*

Receiving knowledge about gravidity at antenatal clinics: Most HIV/AIDS infected informants received knowledge of behavior conduction, diets during pregnancy, knowledge of HIV-antivirus medicines, refrain from breastfeeding after delivery, punctual with postpartum appointment. Non-HIV/AIDS infected informants received knowledge of behavior conduction, diets during pregnancy, delivery preparation, breastfeeding and postpartum appointment.

## Part 2 the information of HIV/AIDS infected informants:

**During pregnancy: Self-care:** The informants had different self-care as below:

*“Keep healthy by having 5 food nutrients, adequate rest, and avoiding stress” (AF1, AF6)*

*“Have adequate rest to be healthy” (AF2)*

*“Drink milk, and have 5 complete food nutrients” (AF3)*

**Postpartum: Self-care:** The majority of informants would take care of themselves by avoiding stress and understanding their being contracted.

*“Refrain smoking and drinking alcohol” (AF5)*

After receiving the anti-retroviral, no case had any postpartum disorders.

**Breastfeeding:** All cases didn’t breastfeed their children but fed with formula milk acquired the social worker at Roi-Et hospital.

**Self-care problems:** All cases didn’t have any self-care problems.

**Future planning:** Every case addressed their future planning as follows;

*"I want to have a long and happy life and do everything for my children."* (AF7)

*"Be healthy and stay away from troubles"* (AF8)

### **Part 3: Six aspects of self-care in both informant groups**

**Aspect 1 Adequate food, water and air:** Regarding diets, 5 cases of HIV/AIDS-infected informants did not abstain, 3 cases abstained from fermented foods, tea and coffee while 5 cases of non-HIV/AIDS infected informants did not abstain, 3 cases abstained from fat and sweet foods causing obesity.

**Aspect 2 Excretion:** Regarding urination and constipation problems, there was no difference in both groups. Only one HIV/AIDS infected mother reported black feces appeared during antiviral medication.

**Aspect 3 Activity and rest:** No differences in both groups. It is found that all cases had activities such as doing housework, raising their children, singing, reading, and sleeping 5-10 hours/day; 1-2 hours during daytime would help them gain energy and be lively which was very good for both physical and mental health.

**Aspect 4 Solitude/Social interaction:** Family members: HIV/AIDS-infected group had 3-6 members, 7 cases were single families, 1 case was extended family; non-HIV/AIDS infected group had 3-10 members, 4 cases were single families, 4 cases were extended families. The family relationships of the HIV/AIDS-infected: 7 cases were friendly, 1 case had arguments; non-HIV/AIDS infected 8 cases were friendly.

**Aspect 5 Prevention of hazard:** Breastfeeding: HIV/AIDS infected 8 cases did not breastfeed; non-HIV/AIDS infected 8 cases had breastfeeding.

**Aspect 6 Promotion of normality:** Quality of life satisfaction: 7 cases of HIV/AIDS infected were satisfied, 1 case was dissatisfied.

### **Part 4: Interviewing 13 aspect behaviors of mothers:**

**Aspect 1 Rest:** Postpartum mothers should rest especially 2 weeks after delivery: HIV/AIDS infected informants practiced 87.50% and non-HIV/AIDS infected informants practiced 50.0%.

**Aspect 2 Working:** Postpartum mothers could do some housework within 2 weeks after delivery, but could do hard work until 6-8 weeks. These two groups had equal practice of 100%.

**Aspect 3 Food:** Postpartum mothers needed healthy food i.e. meat, bean, egg, rice, fruits, vegetables and 8-10 glasses of drinking water. These two groups had equal practice of 100%.

**Aspect 4 Cleanliness:** Postpartum mothers took a bath 2 times/day, washed hair 2-3 times/week. These two groups had equal practice of 100%.

**Aspect 5 Breast and nipple cleaning:** Cleaned during taking a bath, wiped when nipples were dirty not to have milk crust. These two groups had equal practice of 100%.

**Aspect 6 External genitals cleaning:** Postpartum mothers cleaned with soap or water, wiped backward direction after urination and excretion. These two groups had equal practice of 100%.

**Aspect 7 Sexual intercourse:** Abstaining from sexual intercourse till having a postpartum inspection, 6 weeks after delivery: HIV/AIDS-infected informants practiced 87.5% and non-HIV/AIDS infected informants practiced 62.5%.

Consulting with her husband about family planning: HIV/AIDS-infected informants practiced 62.5% and non-HIV/AIDS infected informants practiced 87.5%.

**Aspect 8 Medication:** Taking medicine completely. These two groups had equal practice of 100%.

**Aspect 9 Family planning:** At least 2 years for spacing for children: HIV/AIDS-infected informants practiced 50.0% and non-HIV/AIDS infected informants practiced 87.5%.

**Aspect 10 Psychological health:** Avoid stress which would affect mothers' health and cause insufficient breast milk: HIV/AIDS-infected informants practiced 50.0% and non-HIV/AIDS infected informants practiced 100%.

**Aspect 11 Postpartum exercise:** By vaginal delivery started after 24 hrs: HIV/AIDS-infected informants practice 75.0% and non-HIV/AIDS infected informants practice 100%. By cesarean section started after 1 month, these two groups had equal practice 100%.

**Aspect 12 Disorder symptoms to come to hospital:** Symptoms such as fever, perineum or breast abscess: These two groups had equal practice of 100%.

**Aspect 13 Breastfeeding,** At least 6 months breastfeeding without feeding any supplement: Only non-HIV/AIDS-infected informants breastfed their babies and it was found that 62.5% practiced.

## **DISCUSSION**

**Aspect 1 Adequate food, water and air:** It was found that both group tried to properly take care of themselves by having 5 complete nutritious foods; abstaining from fermented foods, tea, coffee, fat foods and fermented fish which causes abdominal surgical wound itch. Moreover, they should drink clean water 6-8 glasses/day. They should live in good atmosphere, have a ventilation house in the countryside according to the research of Udomporn [4]. It was found that the HIV/AIDS infected who had antiretroviral medication took care of themselves properly and avoided unhealthy foods.

**Aspect 2 Excretion:** One case of HIV/AIDS infected had black feces while taking antiretroviral (AZT: Azidothymidine). Side effects AZT are

headache, insomnia, loss of appetite, vomit, severe muscle and joint pain, and frequent symptoms i.e. anemic condition, having low count of white blood cell. HIV/AIDS-infected do not understand that after receiving AZT, they would have the symptoms because during pregnancy, they received iron from Obimin-AZ (Ferrous fumarate) or after delivery they received Ferrous fumarate together with antiretroviral: Obimin-AZ side effects are green or black feces, vomit, diarrhea, and anemic symptoms [5]. The health team explained side-effects of AZT and Ferrous fumarate. Obimin-AZ

**Aspect 3 Activity and rest:** Both groups had activities such as doing house works, raising their children, singing, reading, and sleeping 5-10 hours/day; 1-2 hours of sleep during daytime would help them gain energy and be active which is very good for both physical and mental health.

**Aspect 4 Solitude/Social interaction:** Solitude, the HIV/AIDS-infected of single family had more solitude than that of an extended family which was contrary to the non-HIV/ AIDS infected group. Social interaction, both groups had a good family relationship but sometimes arguments incurred due to husband's temper. Most of them were helped by their fathers, mothers, sisters and husbands to take care of their children. Besides, both groups similarly participated in the community activities i.e. folding paper birds, making merits occasionally, and helping in the development and activities of the village.

**Aspect 5 Prevention of hazard:** The HIV/AIDS-infected informant group didn't breastfeed. They would feed their babies with the formula milk obtained from the social worker at Roi- Et Hospital. Postpartum received antiretroviral medication for 2 weeks. All of the non-HIV/AIDS infected group still breastfed though some of them could not do after the infants were 6 months old. Both groups used contraception, both temporary or permanent.

**Aspect 6 Promotion of normality:** Seven of HIV/AIDS-infected informants were much satisfied

with their lives except one informant who was depressed from infection. All of the non-HIV/AIDS infected informants were much satisfied with their lives. Both groups received a follow-up check up at Roi-Et Hospital for cervical cancer, and contraception advice, 6 weeks after delivery. The results were all normal.

## RECOMDATIONS

Team health care provider should advise postpartum mothers to have a proper self-care behavior to understand medical (AZT) side effects during pregnancy and breastfeeding. Their children should not be fed with any supplements before 6 months. Nursing Education: The HIV/AIDS infected group needs to be closely and perpetual care taken. They can transmit the diseases to another group, especially from mother to child. Thus the relevant persons giving nursing instruction should provide training, academic conference for gaining knowledge, skill, and capacity of nurses in use. The research result can be the basic of the qualitative research for postpartum mothers. Thus, further research should be conducted in prospective design.

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