

APPENDICES

APPENDIX 1**Interview Questionnaire**

Number.....

Date of interview.....

We would like to thank you for taking time to answer this questionnaire. The data will be useful for protection and treatment of tuberculosis in HIV infected patients. This data will be totally confidential and will be presented in general view.

This questionnaire has 2 parts; the first part is question on tuberculosis, second part is personal questions. Please try to be totally truthful and honest when answering the questions and remember it is totally confidential.

First part

Please write details in the space provide or mark X in to answer the questions.

1. Have you ever heard about tuberculosis in HIV/AIDS patients before?

1. Yes

2. No

If yes

1.1 From whom (can answer more than one)

1. Physician

2. Nurse

- 3. Member or group of HIV infected patient
- 4. NGO staff 5. Newspaper, radio, TV, leaflet
- Others, please specify

1.2 How useful was this information?

- 1. A lot 2. Medium 3. Not-useful

2 What is the cause of tuberculosis?

- 1. Virus 2. Bacteria 3. Parasite
- 4. Smoking 5. Others 6. Do not know

3. Is there any difference between tuberculosis infection and tuberculosis disease?

- 1. Same 2. Different 3. Do not know

4. Do you know the sign(s) and symptom(s) of tuberculosis?

- Yes No

If yes pleas specify (can answer more than one).....

5. Is tuberculosis contagious?

- 1. Yes 2. No 3. Do not know

If yes by which way.....

6. If you have tuberculosis, what are the chances of those around you catching it?

1. High 2. Medium 3. Low

7. How can tuberculosis be detected?

1. Sputum examination
2. X-ray
3. Physical examination
4. Symptoms
5. Do not know
6. Others, please specify

8. Is tuberculosis a curable disease?

1. Yes 2. No 3. Do not know

If yes, could re-infection occur?

1. Yes 2. No 3. Do not know

9. Have you ever been checked for tuberculosis before?

1. Yes 2. No 3. Do not know

If yes, have you ever been diagnosed with tuberculosis before?

1. Yes 2. No

If yes

-1.1 How long have you been diagnosed as having tuberculosis?

.....month (s)year (s)

-1.2 Have you ever been treated for tuberculosis?

1. Yes, fully treated 2. Yes, non-continuous treatment
 3. Yes, currently under treatment 4. No

10. Between HIV infected/AIDS patients and normal people, who has more chance of contacting tuberculosis?

1. HIV infected/AIDS patients 2. Normal people 3. Same

11. How to avoid tuberculosis?.....

12. Can HIV infected/AIDS patients be protected from tuberculosis by taking medicine regularly?

1. Yes 2. No 3. Do not know

13. Is going to see a physician and taking drugs necessary for the treatment of tuberculosis?

1. Unnecessary 2. Necessary
 3. Very necessary 4. Do not know

14. Do you have friend(s) who have tuberculosis?

1. Yes 2. No 3. Do not know

15. Do you agree with this sentence “tuberculosis patients should not be disclosed to others”?
1. Agree 2. Disagree 3. Not sure
16. According to your experience, what discourages you from going to hospital?
1. Service system (slow, complicated, not confidential)
2. Quality (do not provide standard treatment, do not explain to patient properly)
3. Price (expensive)
4. Hospital far from home (long time to travel)
5. Other, please specify
17. What is the best way of educating HIV/AIDS patients in the prevention and treatment of tuberculosis?
1. Lecture 2. Videos 3. Discussions/exchange the experience/idea
4. Brain storming 5. Other, please specify.....
18. What topic(s) should be included in the above?
-
-
19. Who should be the trainer of the above?
1. Physician 2. Nurse 3. NGO
4. PHA 5. Other, please specify.....

20. How long should the course be?

1 day 2 days 3 days 4 days

Other, please specify.....

21. Who should attend this course?

1. Normal people 2. Normal people and HIV/AIDS patients

3. HIV and AIDS patients 4. members of WFC

5. Other, please specify.....

22. How many attendants/patients?

1. 10-15 2. 15-20 3. 20-25

4. 25-30 5. Other, please specify.....

23. Would you participate?

Yes

No

Do not know

Part two: General Information

1. Year of birth..... Age years old.

2. Gender 1. Female 2. Male

3. Religion 1. Buddhist 2. Christian 3. Islam 4. Other.....

4. Marital status 1. Single 2. Married 3. Widow 4. Divorced
5. Home town
1. Bangkok 2. Central region, please specify.....
3. Eastern region, please specify.....
4. Northern region, please specify.....
5. Northeastern region, please specify.....
6. Southern region, please specify.....
7. Others
6. During the past 1 year, where do you live the longest period
1. Bangkok
2. Up-country province, please specify.....
3. Others.
7. Education/Qualification
1. None 2. Primary school level 4-6
3. Secondary school level 1-2 5. Diploma / vocational
7. Bachelor 8. Other, please specify.....
8. Occupation (from January 2000)
1. Unemployed. You get the financial support from.....
2. House wife/husband 3. Self-employed (business)/ trading

4. Civil servant 5. Government subsidized work
 6. Farmer 7. Worker
 8. Family business 9. Other, please specify.....

9. Average income per month

- (1.) ≤ 2,000 Baht (2.) 2,001-4,000 Baht
 (3.) 4,001-6,000 Baht (4.) 6,001-8,000 Baht
 (5.) 8,001-10,000 Baht (6.) 10,000-12,000 Baht
 (7.) Other, please indicate

10. Is your income enough?

1. **Yes** If yes, can you also save money? 1. Yes 2. No
 2. **No**

11. Your accommodation

1. Your own 2. Rent house 3. Rent room 4. Other.....

12. Who do you live with? (can choose more than one)

1. Friend(s) 2. Husband/Wife 3. Offspring/ your kids
 4. Cosin(s)/Relative 5. Stay alone Other, Please specify.....

13. How many people in your bed room?

- (1.) 1 (2.) 2 (3.) 3
 (4.) 4 (5.) 5 (6.) Other, please specify.....

14. What is the size of your bedroom?

- (1.) 2x3 meters (2.) 3x4 meters (3.) 4x5 meters
 (4.) 5x6 meters (5.) Other, please specify.....x..... meters

15. Does anybody in your house have tuberculosis?

- (1.) Yes (2.) No (3.) Do not know

16. Do you smoke?

- (1.) Yes(number of cigarette/day) (2.) No

17. Do you drink alcohol?

- (1.) Everyday/always (2.) Seldom (3.) No

18. Do you exercise?

- (1.) Yes. If yes, how often (1.1) Everyday (1.2)every 2 days
 (1.3) Every 3 days (1.4)Once a week
 (1.5) Twice a week (1.6)Other, please specify
 (2.) No

19. How long have you been diagnosed as HIV infected?

- (1.) ≤ 6 months-2year (2.) > 2 years-4 years
 (3.) > 4 years-6 years (4.) >6 years-8years
 (5.) >8 years-10 years (6.) Other , please specify.....months/years

APPENDIX 2**Question guide for focus group discussion on needs
of resources support and self care planning.**

1. How do TB patients prevent TB transmission?
2. If your friends have TB disease, how do you feel?
3. How do PHAs perform the self-care in order to reduce TB risk infection?
4. If you have TB, how do your family and friends think or feel to you?
5. If you have sick with TB, what subject do you need help from whom and would like them do anything for you?
6. If you face with TB treatment problems, do you expect assistance from whom?
Do you expect any help from your family and providers?
7. Do you have any plan for TB prevention and self-care?

APPENDIX 3**Glossary of HIV/AIDS related terms in HIV/AIDS communication****ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS):**

The most severe manifestation of infection with the human immunodeficiency virus (HIV). The Centers for Disease Control and Prevention list numerous opportunistic infections and neoplasms (cancers) which, in the presence of HIV infection, constitute an AIDS diagnosis. IN addition, a CD4+ T-cell count below 200/mm³ in the presence of HIV infection constitutes an AIDS diagnosis. The period between infection with HIV and the onset of AIDS averages 10 years in the United States. People with AIDS often suffer infections of the lungs, brain, eyes and other organs, and frequently suffer debilitating weight loss, diarrhea and a type of cancer called Kaposi's sarcoma. Even with treatment, most people with AIDS die within two years of developing infections or cancers that take advantage of their weakened immune systems. See also CD4(T4) or CD4+ Cells; Diarrhea; HIV Disease; Kaposi's Sarcoma; Opportunistic Infection; Wasting Syndrome.

ANTIBODIES:

Molecules in the blood or secretory fluids that tag, destroy or neutralize bacteria, viruses or other harmful toxins. They are members of a class of proteins known as immunoglobulins, which are produced and secreted by B lymphocytes in

response in response to stimulation by antigens. An antibody is specific to an antigen.

See also Antigen; Lymphocyte.

ANTIGEN:

A substance that, when introduced into the body, is capable of inducing the production of a specific antibody.

B Cell;

A lymphocyte which matures in the bone marrow (hence-B-cell), and produces antibodies.

COMPREHENSIVE HIV/AIDS CARE:

The provision of medical and nursing care, counseling and social support services to individuals affected by HIV. These services, when provided, can help meet the needs of most people.

CONTINUM OF CARE:

The provision of comprehensive care from the hospital to the home, which advocates the pooling together of medical and social services within the community and the creation of linkages between community care initiatives at all levels of the health care system.

COUNSELING:

A confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.

DNA:

(Deoxyribonucleic Acid). 1. The molecular chain found in genes within the nucleus of each cell, which carries the genetic information that enables cells to reproduce. 2. DNA is the principal constituent of chromosomes, the structures that transmit hereditary characteristics. The amount of DNA is constant for all typical cells of any given species of plant or animal (including humans), regardless of the size or function of that cell. Each DNA molecule is a long, two-stranded chain made up of subunits, called nucleotides, containing a sugar (deoxyribose), a phosphate group and one of four nitrogenous bases: adenine (A), guanine (G), thymine (T) and cytosine (C). In 1953 J.D. Watson and F.H. Crick proposed that the strands, connected by hydrogen bonds between the bases, were coiled in a double helix. Adenine bonds only with thymine (A—T or T—A) and guanine only with cytosine (G—C or C—G). The complementarity of this bonding ensures that DNA can be replicated (i.e., that identical copies can be made in order to transmit genetic information to the next generation).

HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (HIV-1):

1. The retrovirus isolated and recognized as the etiologic (i.e., causing or contributing to the cause of a disease) agent of AIDS. HIV-1 is classified as a lentivirus in a subgroup of retroviruses. See also Lentivirus; Retrovirus.

2. Most viruses and all bacteria, plants and animals have genetic codes made up of DNA, which uses RNA to build specific proteins. The genetic material of a retrovirus such as HIV is the RNA itself. HIV inserts its own RNA into the host cell's DNA, preventing the host cell from carrying out its natural functions and turning it into an HIV virus factory.

HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 (HIV-2):

A virus closely related to HIV-1 that has been found to cause immune suppression. Most common in Africa.

LATENCY:

The period when an organism (i.e., a virus or a bacterium) is in the body and not producing any ill effects.

LENTIVIRUS:

“Slow” virus characterized by a long interval between infection and the onset of symptoms. HIV is a lentivirus as is the simian immunodeficiency virus (SIV), which infects nonhuman primates.

LYMPHOCYTE:

A white blood cell. Present in the blood, lymph and lymphoid tissue.

PROTEASE INHIBITORS:

HIV protease is an aspartyl enzyme essential to the replicative life cycle of HIV. The three-dimensional molecular structure of the HIV protease has been fully determined. Pharmaceutical developers are therefore able to rationally design compounds to inhibit it and thus interfere with replication of the virus. In the US, five peptide-based protease inhibitors (saquinavir, Roche; A-80987, ABT-538, Abbott Laboratories; L735,524, Merck; KNI-272, NCI) are in clinical development. All compounds inhibit HIV-1 in vitro in nanomolar concentrations. In Europe, two peptide-based compounds (ABT-987, Abbott Laboratories; AG-1343, Agouron Pharmaceuticals, Inc.) are currently in development.

RETROVIRUS:

HIV and other viruses that carry their genetic material in the form of RNA and that have the enzyme reverse transcriptase. Like all viruses, HIV can replicate only inside cells, commandeering the cell's machinery to reproduce. Like other retroviruses, HIV uses the enzyme called reverse transcriptase to convert its RNA into DNA, which is then integrated into the host cell DNA. See also DNA; Reverse Transcriptase; Ribonucleic Acid.

RIBONUCLEIC ACID (RNA):

A nucleic acid, found mostly in the cytoplasm of cells, that is important in the synthesis of proteins. The amount of RNA varies from cell to cell. RNA, like the structurally similar DNA, is a chain made up of subunits called nucleotides. In protein synthesis, messenger RNA (mRNA) replicates the DNA code for a protein and moves

to sites in the cell called ribosomes. There, transfer RNA (tRNA) assembles amino acids to form the protein specified by the messenger RNA. Most forms of RNA (including messenger and transfer RNA) consist of a single nucleotide strand, but a few forms of viral RNA that function as carriers of genetic information (instead of DNA) are double-stranded. 2. A nucleic acid associated with the control of chemical activities inside a cell. One type of RNA transfers information from the cell's DNA to the protein-forming system of a cell outside the nucleus. Some viruses (e.g., HIV) carry RNA instead of the more usual genetic material DNA.

TUBERCULOSIS (TB):

A bacterial infection caused by *Mycobacterium tuberculosis*. TB bacteria are spread by airborne droplets expelled from the lungs when a person with active TB coughs, sneezes or speaks. Repeated exposure to these droplets can lead to infection in the air sacs of the lungs. The immune defenses of healthy people usually prevent TB infection from spreading beyond a very small area of the lungs. If the body's immune system is impaired because of infection with HIV, aging, malnutrition or other factors, the TB bacterium may begin to spread more widely in the lungs or to other tissues.

VACCINE:

A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

APPENDIX 4

Glossary used in tuberculosis communications

This glossary explains the words used in this thesis.

Adherence to treatment.....The patient taking the medicines

Chronic case.....TB patients who still have AFB + ve microscopic examination after completion of controlled re-treatment course

Closed questions.....Questions that only encourage one- or two-word answers, for example “Are you married?” (compare with open questions)

Complications.....A secondary disease or condition that can arise if a disease is not treated.

Comprehensive care.....Treatment of HIV that also includes education for behavior change and partner referral and care.

Cure.....TB patients who have completed treatment with AFB – ve at the end of treatment

Default.....Patient stopping treatment before completion

Latent.....Something that is there but not obvious (it can become obvious later)

New caseA patients who has never had treatment for tuberculosis or has taken anti-tuberculosis drugs for less than 1 month and has not been registered history of treatment.

- Open questions.....Questions that invite detailed answers, usually beginning “How?”, “What?”, “Where?”, or “Why?”
- Opportunistic Infections(OIs).An infection which “takes the opportunity” to cause disease when a person’s immune defence is weak.
- “Passive” case finding.....Detection of TB cases by active testing (sputum smear)of TB suspects
- Preventive chemotherapy/ treatment
The treatment of persons with a high risk of developing tuberculosis who have no signs or symptoms of clinically or radiologically active tuberculosis, in order to prevent them from developing the disease. The currently used drug for preventive chemotherapy is isoniazid , in a dose of 5 mg/kg/day, given 6 to 12 months.
- Relapse.....Diseases starting again after a patient was declared Cured
- Treatment completed case....TB patients who have completed treatment, but have no sputum result at the end of treatment
- Treatment failure case.....TB patients who still have AFB + ve by microscopic examination after 5 months of chemotherapy .

CURRICULUM VITAE



DARES CHUSRI

ADDRESS 29 Moo 2 Bangsaipa, Banglen, Nakhonpathom 73130 Thailand

EDUCATION April 23, 1982. Bachelor of Nursing.
The Thai Red Cross Society college of Nursing,
Chulalongkorn University, Bangkok, Thailand

LANGUAGES

Thai: Mother tongue

English: Good speaking, reading, writing and understanding

Cambodian: Adequate speaking and understanding

Laos: Adequate speaking Good understanding

Khmer: Adequate speaking and understanding

WORK EXPERIENCE

October 1995 up to present	Office Director, National Thai NGO Coalition On AIDS (TNCA)
January 1994-September 1995	Program Coordinator/ Office Manager, The Thai NGO Coalition On AIDS (TNCA)
July 1993-December 1993	Instructor, Thai-Canadian Academy of Health Care and Childhood Education Studies. Thailand

November 1989-April 1993	Staff Nurse, International Committee of the Red Cross, Khao-I-Dang, Khmer Refugee camp , Aranyaprathet, Srakaeo, Thailand
May 1988-November 1989	Hospital Feeding and MCH Officer, CARE International, Site 8, Khmer refugee camp , Aranyaprathet, Srakaeo, Thailand
May 1987-April 1988	Instructor, The Thai Red Cross Society , College of Nursing.
May 1982-April 1987	Staff nurse , Medical Ward, Chulalongkorn Hospital, The Thai Red Cross Society

Publications

Co-author	“Donor Directory Sources” November 1999, distributed 1,000 copies, Thailand
	“The Situation of Caring for Children Affected by HIV/AIDS,” distributed 1,000copies in the 7 th National Conference on HIV/AIDS during April 1999, Thailand
Poster presentation	“Civil Society in Rayong Province” at the 5 TH International Conference on AIDS in Asia and The Pacific (ICAAP) during October 20-27,1999 held in Kuala Lumpur, Malaysia



Training/ Seminar/ Conference

- October 26-31, 2000 Inter-country Training of Trainers' workshop o planning for HIV/AIDS Communication Programs held by WHO, Pacet- Pancak, West-Java, Indonesia.
- October 10-13, 2000 Attended International Conference on Health Research for Development held in Bangkok, Thailand
- October 20-27,1999 Sponsored Thai delegate to the 5TH International Conference on AIDS in Asia and the Pacific (ICAAP) held in Kualalumpur, Malaysia
- October 20-25,1997 Sponsored Thai delegate to the 4th ICCAP held in Manila, Philippines.
- March 18-May22, 1997 Eisenhower Fellowship 1997, Multination Program of Eisenhower Exchange Fellowship (EEF) scholarship to participate in exchange visitors program in the United States.
- April 28-May 2,1997 Principle &Techniques of Fund Raising, Atlanta, Georgia, USA. Held by the Indiana University Center on Philanthropy, The Fund Raising School, USA.

- October 20-23, 1996 Sponsored Thai delegate to International Conference on Governance Innovations Building a Governance-Citizen-Business Partnership held in Manila, Philippines
- September 17-21, 1995 Sponsored Thai delegate to the 3rd ICAAP held in Chiangmai, Thailand
- Feb6- 24,1995 Inter-country Training of Trainers for HIV/AIDS Communication Programs held by AIDSCAP Asia Regional Office. Bangkok, Thailand.