

Clinic-based peer support by women living with HIV

PROJECT MASIHAMBISANE



The Team

Overview and Design

Effective HIV interventions are urgently needed for the 12 million women living with HIV (WLH) in Sub-Saharan Africa

30%

of South Africa's
pregnant women
live with HIV

m2m

Peer support is an important strategy for improving health outcomes. It also has the advantage of allowing tasks to be shifted from healthcare professionals to paraprofessionals.



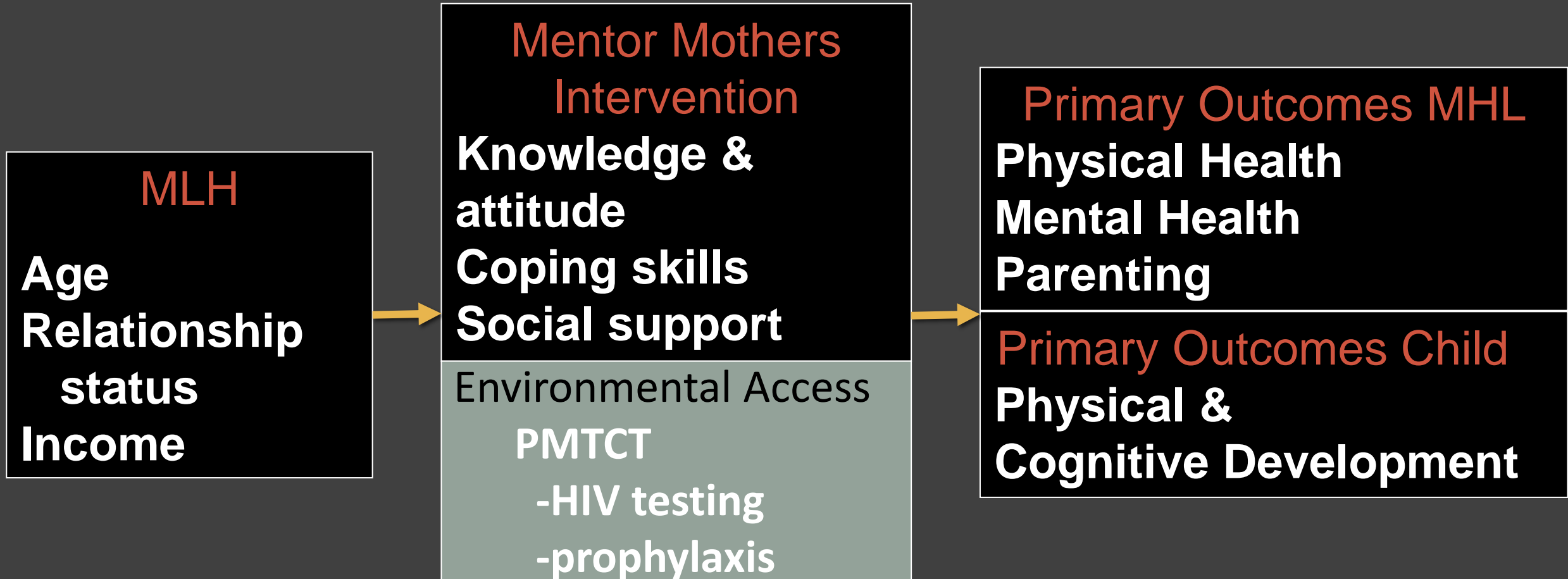
AIMS

Project Masihambisane



1. Implement a robust, sustainable and scalable intervention
2. Improve the mental and physical health of Mothers Living with HIV (MLH) and their children
3. Increased HIV disclosure and support
4. Improve uptake of health services

Theoretical Model



Health care settings

n = 8 clinics (1632 MLH)

Baseline : Pregnancy

**Mentor Mothers
Intervention Condition**
n = 4 clinics
(816 MLH)

Control Condition
n = 4 clinics
(816 MLH)

Baby's Birth

6 Months PB

12 Months PB



Session 1:
Living Positively



Go to all antenatal appointments



Get support:
it's good for you
and your baby



Decide who to tell
that you're pregnant
or have HIV



Go with your
partner for STI
testing

Session 2:
Keeping Healthy



Avoid unhealthy things:



Smoking

Alcohol

Isihlambezo

Do healthy things:

- ✓ Good nutrition and vitamins
- ✓ Important medications
- ✓ Exercise
- ✓ Rest



Get practical support
Do what relaxes you

Session 3:
Being Prepared



Take your AZT and go to all clinic appointments

Take nevirapine when you go
into labour



At the hospital, tell the
sister that you are HIV-
positive



Make sure your baby receives
nevirapine syrup at 6 hours and
AZT syrup during first week

Register for the child
grant. Keep health
record booklets for
you and your baby



Session 4:
Feeding Choices



Decide how you will feed your baby

Don't mix
feeding
methods
for first 6
months



Exclusive breastfeeding
for 6 months is best

Use exclusive
formula feeding
only if you have
ALL these:



Keep
others
safe from
HIV



Bring your
baby to the
clinic at 6
days and 6
weeks

4 Antenatal Sessions

① Decide who to tell about being pregnant

- Who just learned they have HIV when they became pregnant?
- Discomfort level when think of living with HIV.
- Important things to learn in program:
- What to do for healthy baby, how to live longer to care for baby.
- Discomfort level when you think of having a healthy baby?
- Who would you like to tell that you're pregnant?
- Advantages of telling that person, their reactions.
- Who easy to tell, who difficult?
- Role play telling someone easy, then someone moderate.

② Decide who to tell about having HIV

- Think of someone in particular you might like to tell.
- Advantages of telling that person, disadvantages, their reactions.
- Who easy to tell, who difficult?
- Role play telling someone easy, then someone moderate.
- Which more difficult, telling about pregnancy or about HIV?

③ Go to all antenatal appointments

- What are benefits?
- What discomforts, barriers?
- Role play what would reduce barriers, discomfort.
- Has any sister been nice? How to thank.

Session 1: Living Positively

Session 5:
Loving My Baby



Stay with your chosen feeding method for 6 months

Solve any feeding problems

Feelings change a lot after the baby is born



Enjoy this special time with your baby

Session 6:
Living Together



Getting the child grant will make your life easier



Get your baby immunized and tested for HIV; get the results

Have regular check-ups



Eat healthy food daily

Keep others safe from HIV



Session 7:
Being Parents



Talk about HIV and STI testing with your partner



Decide about having another baby

Think about how to use condoms

Think about your partner's use of alcohol



Think about what to do if your partner has sex with others



Get support when difficult things happen

Session 8:
Enjoying Life



Take time for yourself



Enjoy your baby



Keep your friends close

Let others help you



4 Postnatal Sessions

Do healthy things:



✓ Exercise

✓ Good nutrition and vitamins



✓ Important medications

✓ Rest

I am HIV positive

I need special care during delivery

I need NVP stat dose and AZT 3 hourly

I need my baby to receive NVP and AZT



Parent Card



It is important when a man and a woman are having a child together that they come to the clinic together.

At the antenatal clinic the nurses will help with:

- Important information
- Health checks
- Antenatal classes



Important Medications



AZT: ★ 28 weeks / ● 34 weeks



NVP in labour

AZT every 3 hours



NVP one-off dose



★ AZT for 7 days / ● AZT for 28 days

Test your baby at 6 weeks



Other materials

Results

Results

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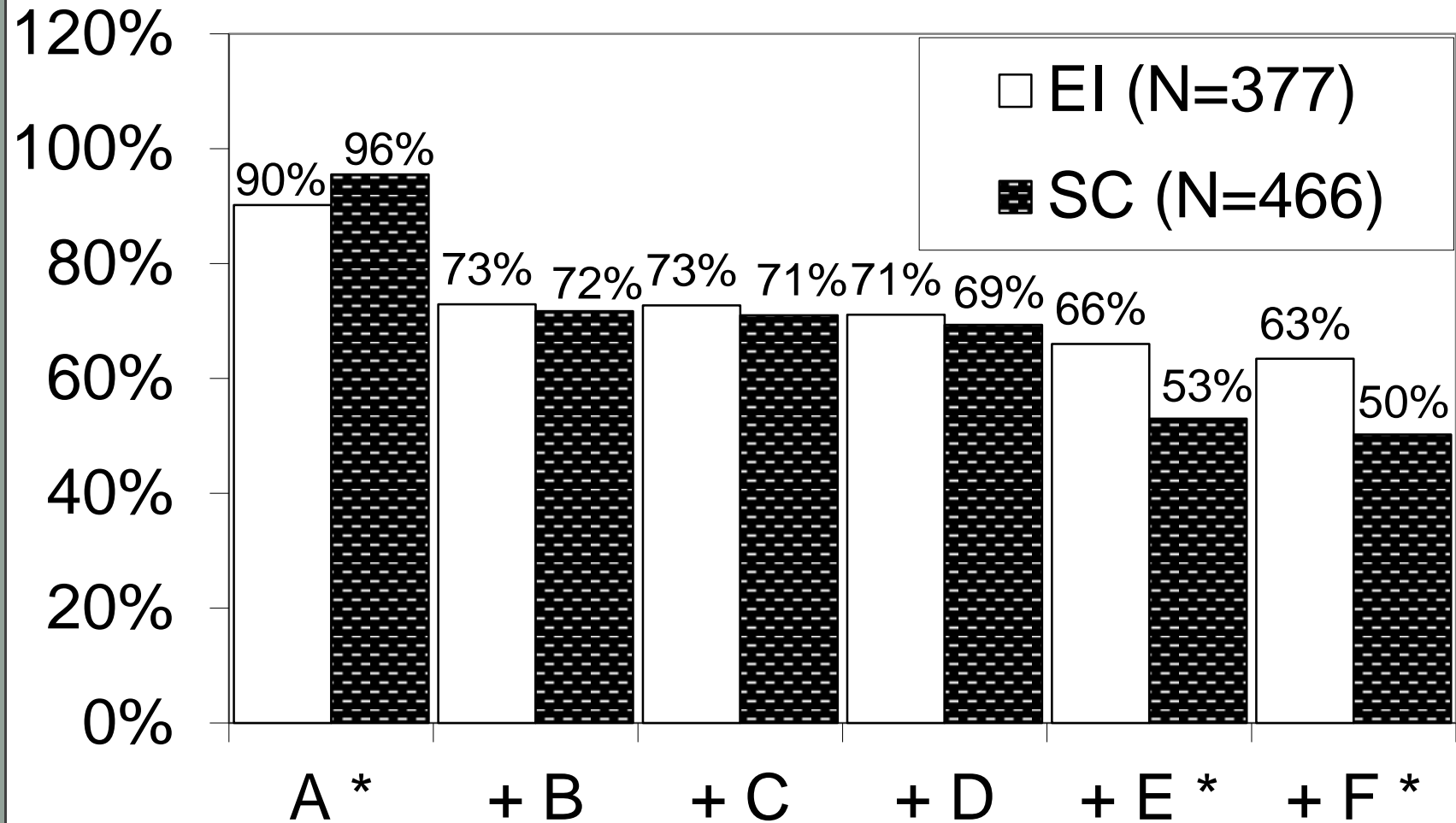


- Average age of MLH 26.5 years (SD = 5.5)
- 79.7% had some secondary-level education
- 44.8% were employed
- 82.7% of WLH reported having a recent sexual partner, only 21.3% were married or living with a partner
- There were several selection effects between WLH in the EI and the SC

Key (6weeks PB)

- A. Maternal AZT from the 28th week of pregnancy, or on HAART
- B. Maternal AZT during labour, or on HAART
- C. Maternal NVP at onset of labour, or on HAART
- D. Infant NVP within 24 hours of birth
- E. Infant AZT dispensed and medicated as prescribed
- F. One feeding method first week post-birth

A*: OR=0.44 (0.26, 0.74),
p=0.002;
E*: OR=1.72 (1.04, 2.86),
p=0.036;
F*: OR=1.72 (1.08, 2.75),
p=0.0

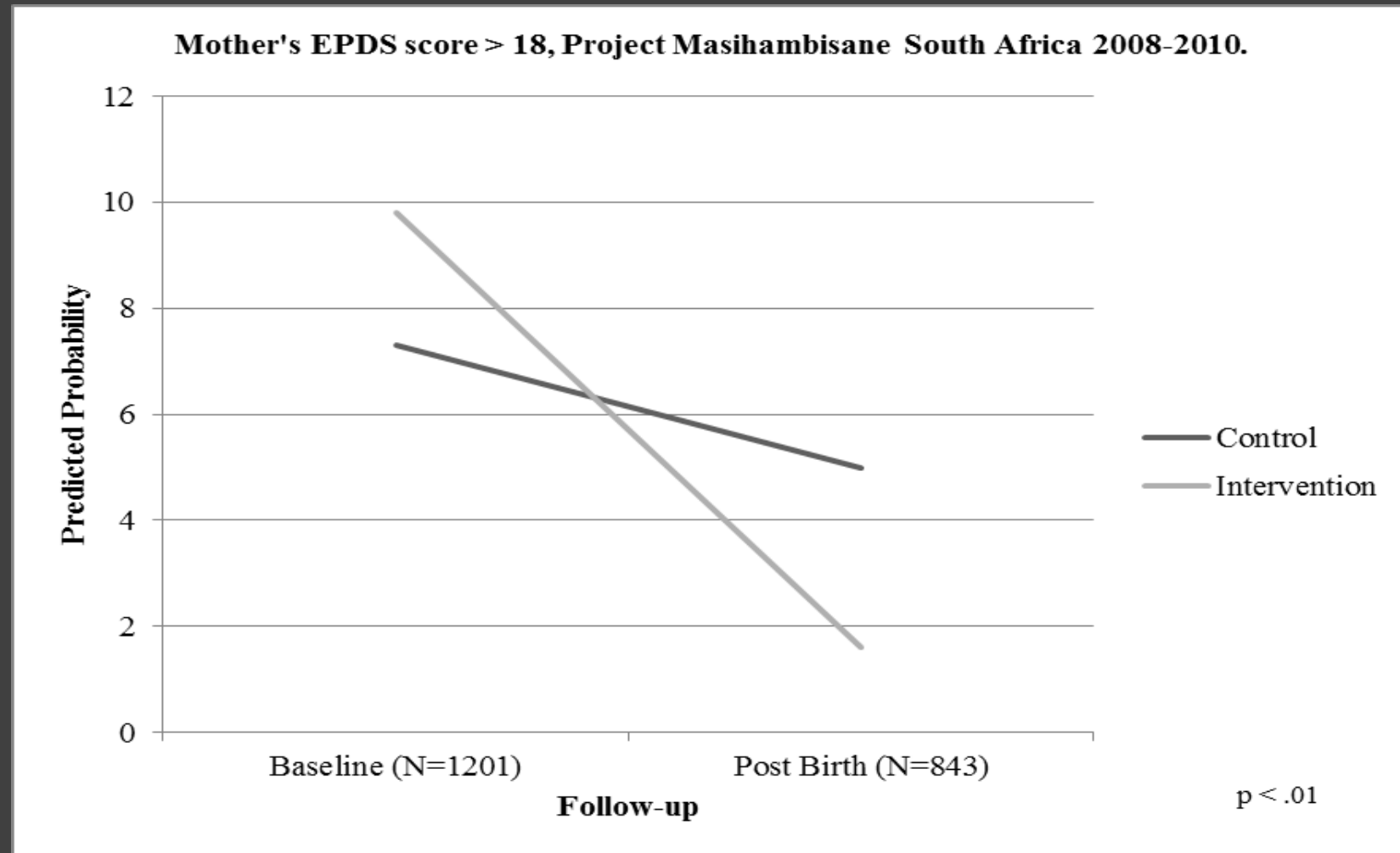


Outcomes @ 12 Months

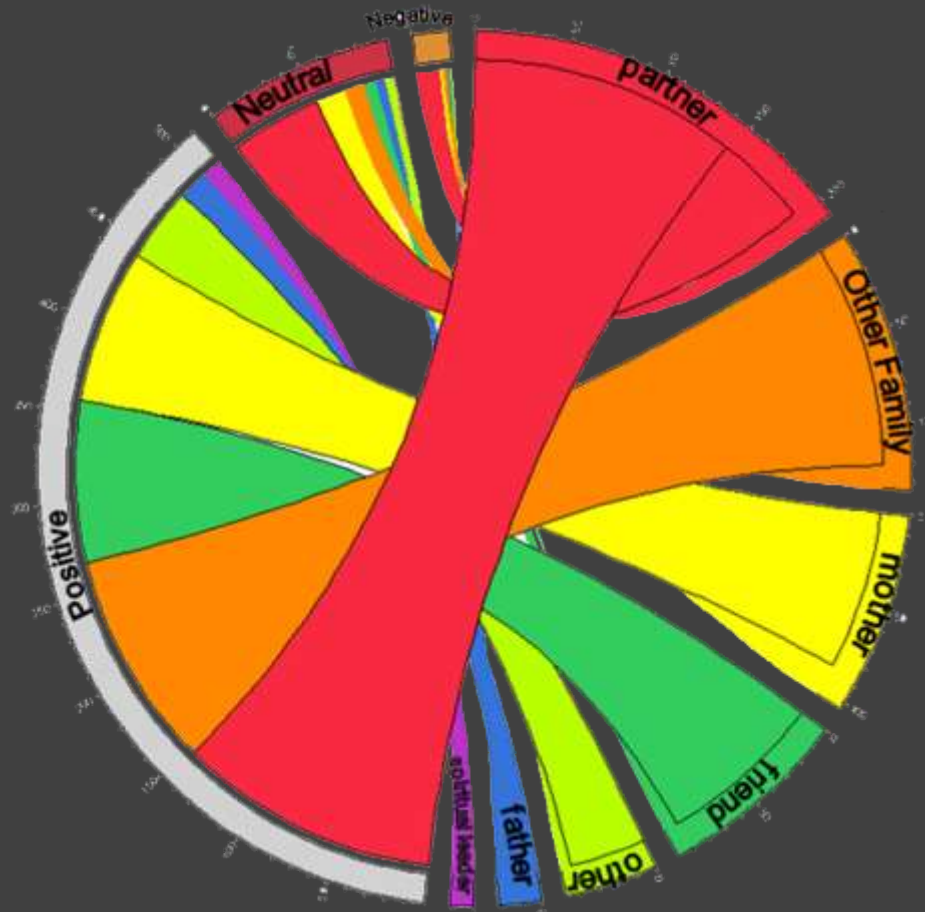
Random effects logistic regression, adjusted for clinic clustering.
Significant p-values indicated by *

	EI N=377 %	SC N=466 %	Estimated OR, (95% CI)	
Asked sexual partner to go for HIV test (N=476)	77.3	64.6	1.84	(1.13, 3.00)*
Height-for-age z-score ≥ -2 (N=178)	80.9	53.6	3.30	(1.41, 7.74)*
4 or more antenatal clinic visits (4 is standard practice)	87.2	76.2	2.17	(0.96, 4.88) *
No depression (GHQ < 7)	94.7	87.8	2.55	(1.37, 4.76) *

Predicted effect size: Control mean decrease of 2.3%, Intervention mean decrease of 8.2% of mother's with an EPDS score of 19+ from Baseline to Post Birth



Disclose if you wanted to **40.6%**



- Partner
- Other Family
- Mother
- Friend
- Other
- Father
- Spiritual Leader

- Positive
- Neutral
- Negative

Discussion

HIV+ Peer mentors are efficacious in helping WLH engage in positive health behaviors for themselves and their infants for some tasks from 6 weeks to 12 months post-birth

Symptoms of depression are also lower over the first
year of life.

Infants were less likely to be malnourished and stunted post-birth, important predictors of long-term outcomes for children

Take Away Message

Even at modest dose, the peer mentor model can result in important longer-term impacts on overall maternal mental health and improved infant outcomes.