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

Global Report: UNAIDS Report on the global AIDS epidemic 2010

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

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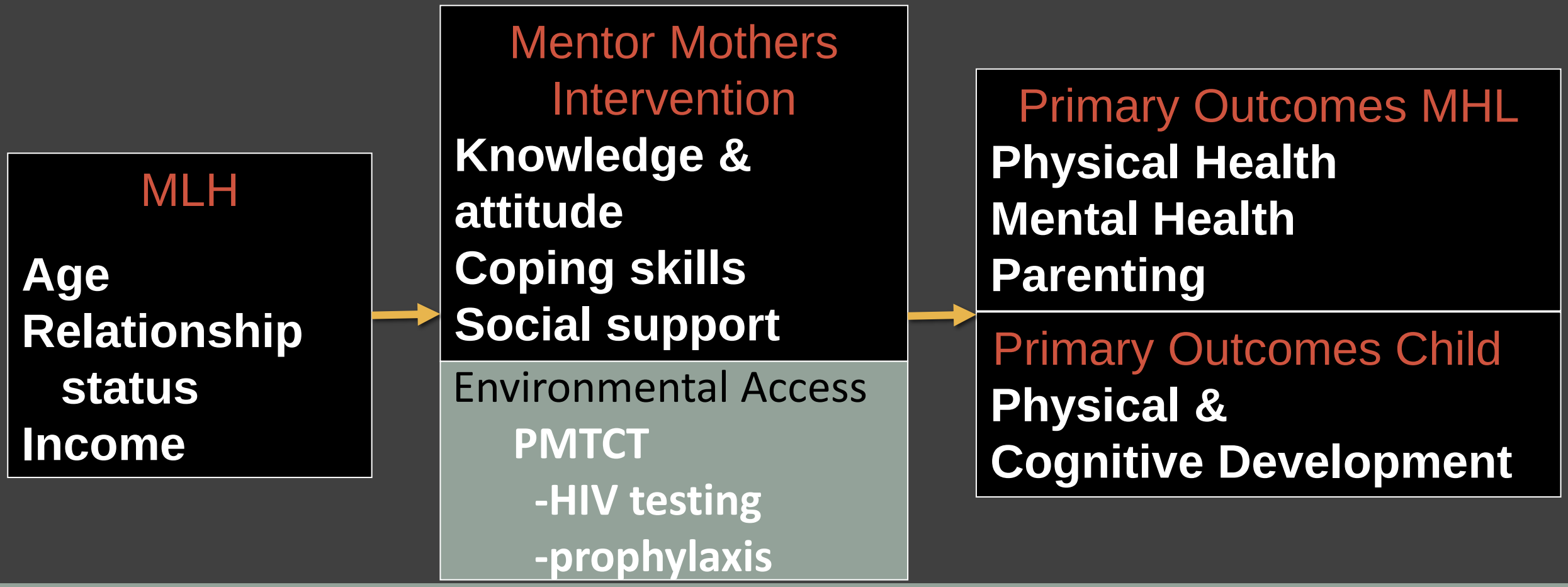
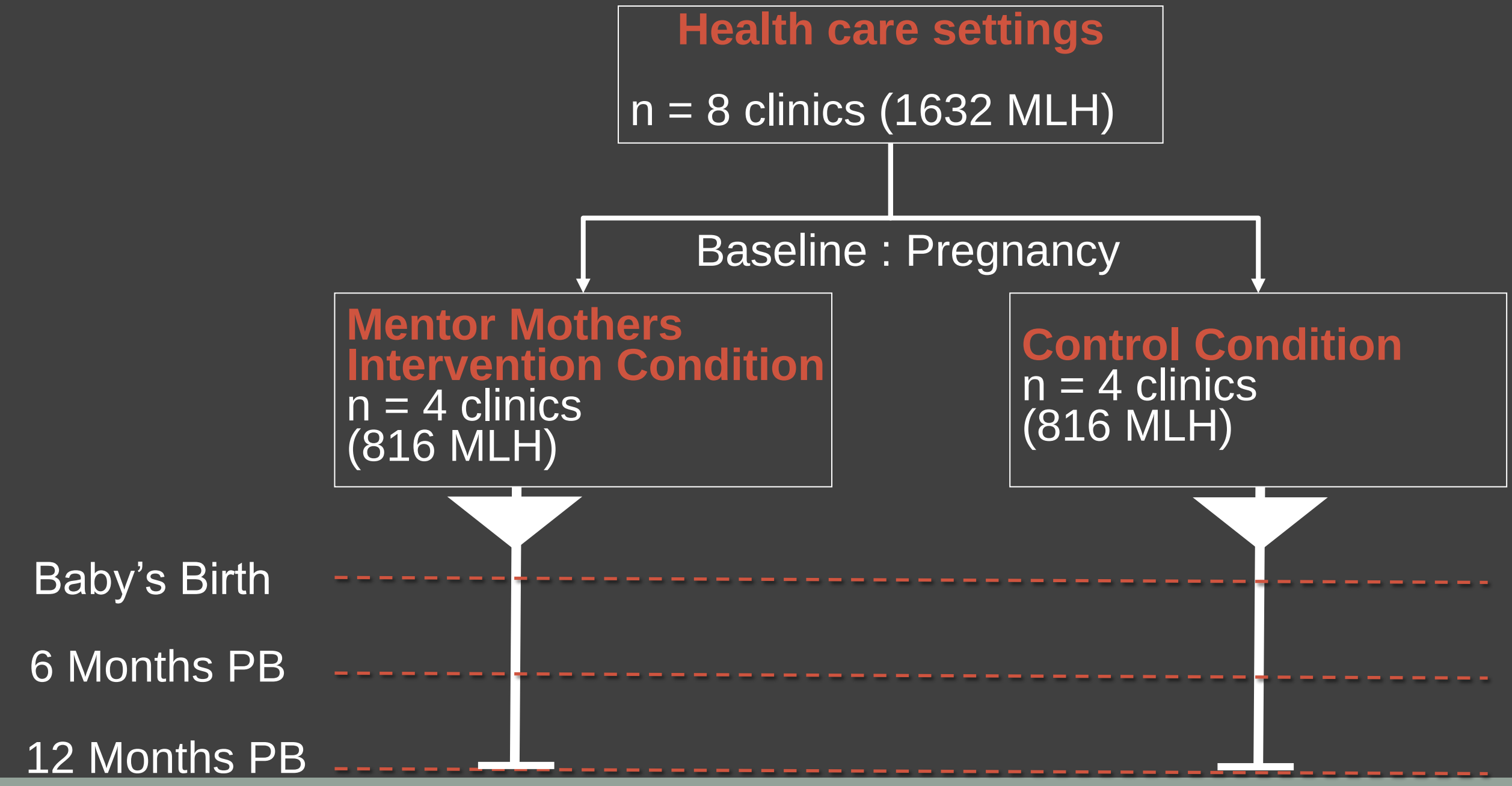
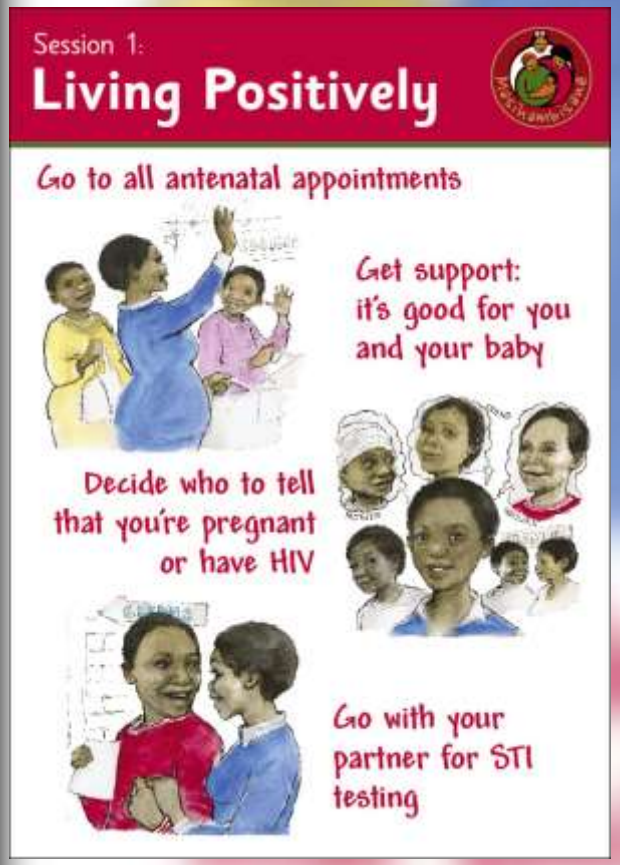
1. Implement a robust, sustainable and scalable intervention
2. Improve the mental and physical health of Mothers Living with HIV (MLH) and their children
3. Increased HIV disclosure and support
4. Improve uptake of health services

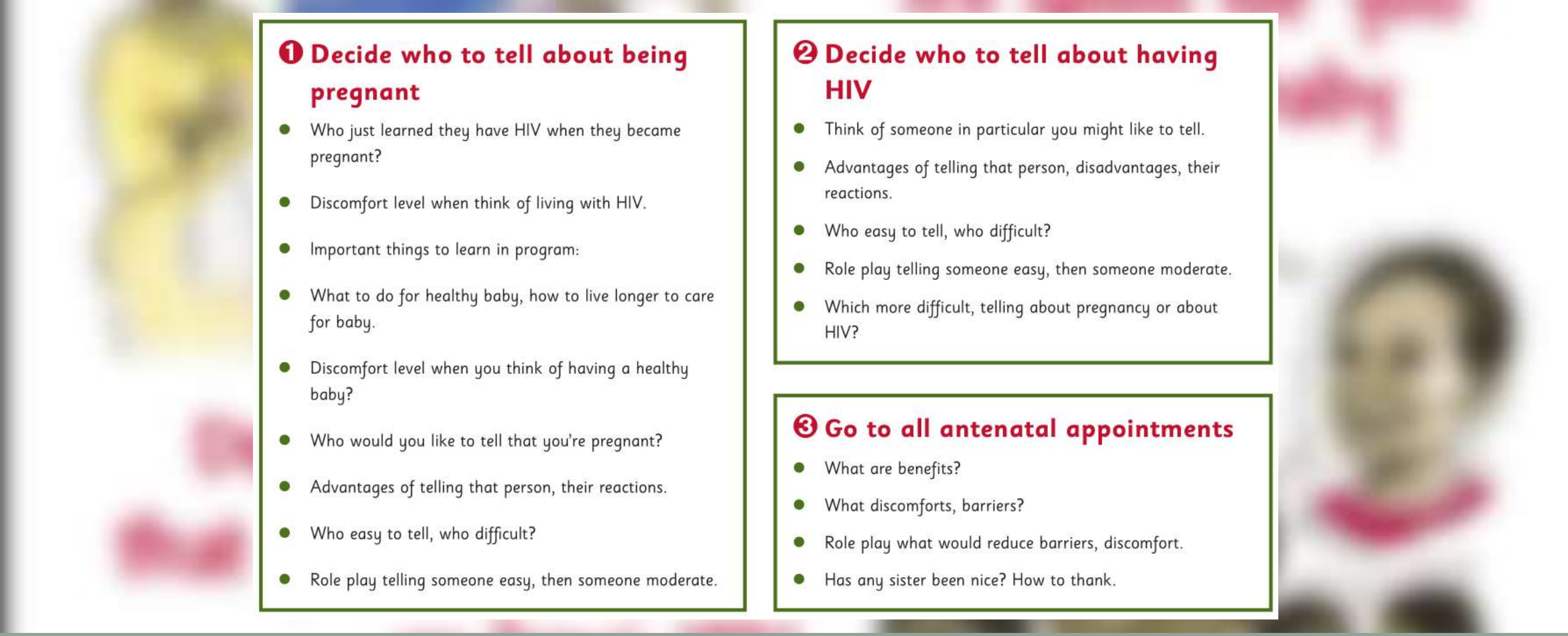
Theoretical Model



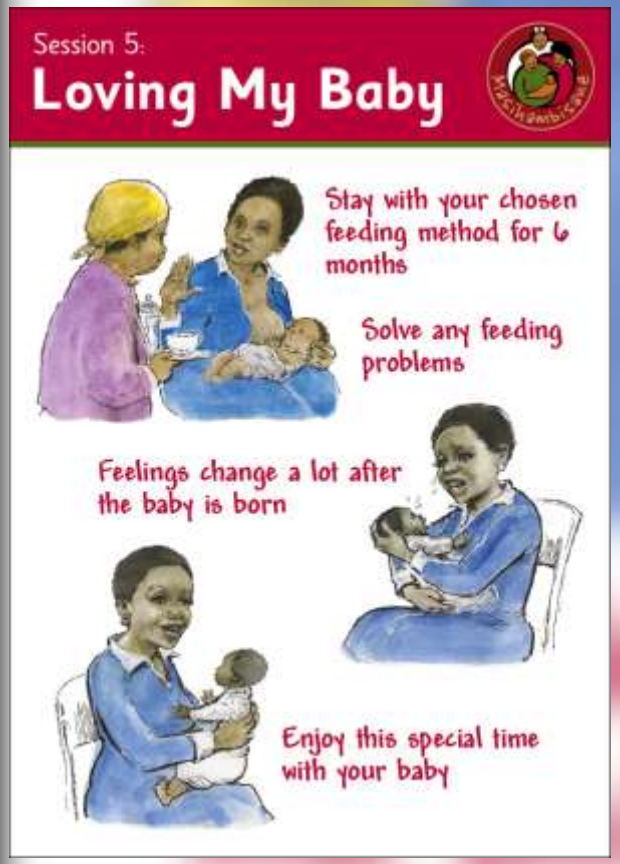

Health care settings
n = 8 clinics (1632 MLH)
Baseline : Pregnancy
Mentor Mothers Intervention Condition
n = 4 clinics
(816 MLH)
Control Condition
n = 4 clinics
(816 MLH)
Baby's Birth
6 Months PB
12 Months PB

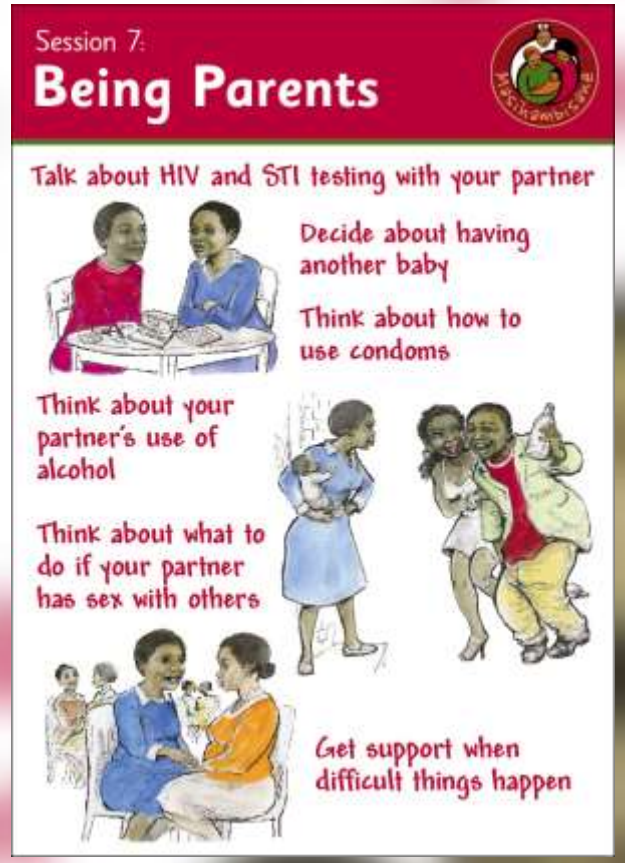


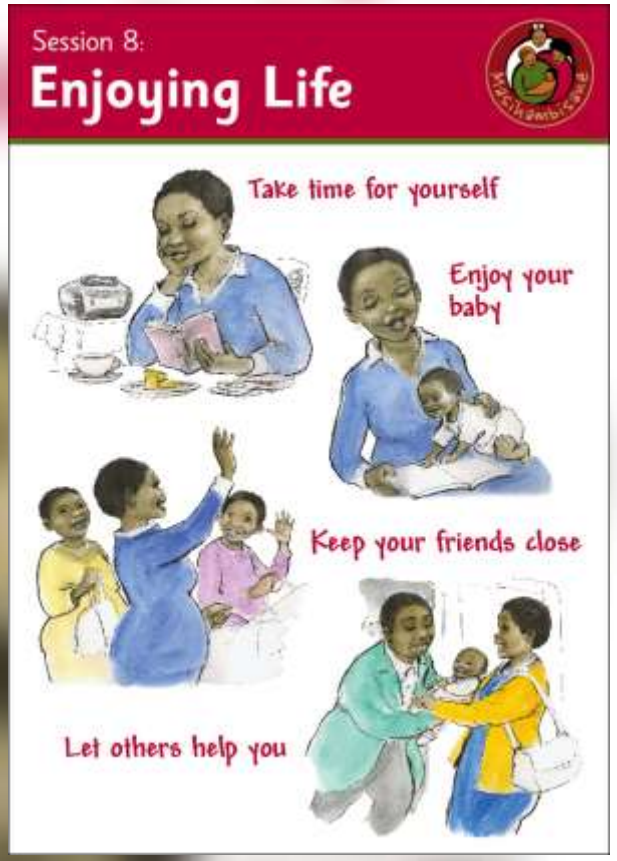
4 Antenatal Sessions



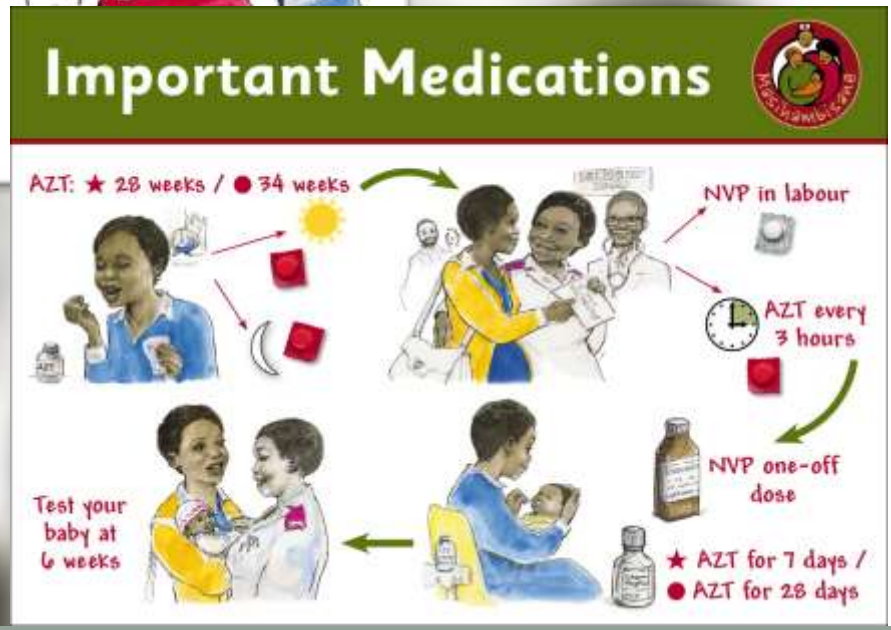
Session 1: Living Positively







4 Postnatal Sessions



Other materials

Results

Results

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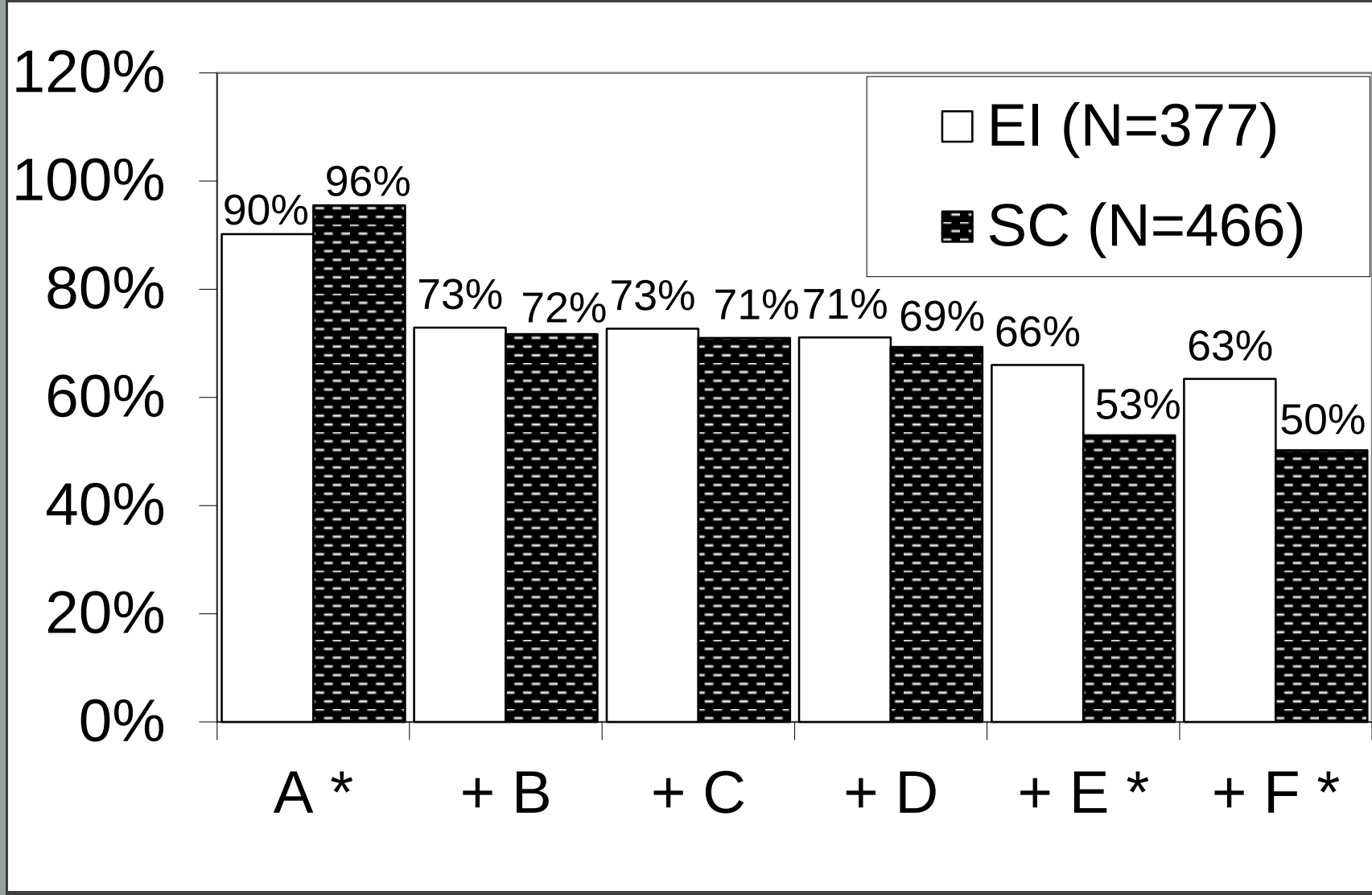
- Average age of MLH 26.5 years (SD = 5.5)
- 79.7% had some secondary-level education
- 44.8% were employed
- 82.7% of WLH reported having a recent sexual partner, only 21.3% were married or living with a partner
- There were several selection effects between WLH in the EI and the SC

Key (6weeks PB)

A. Maternal AZT from the 28th week of pregnancy, or on HAART
B. 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

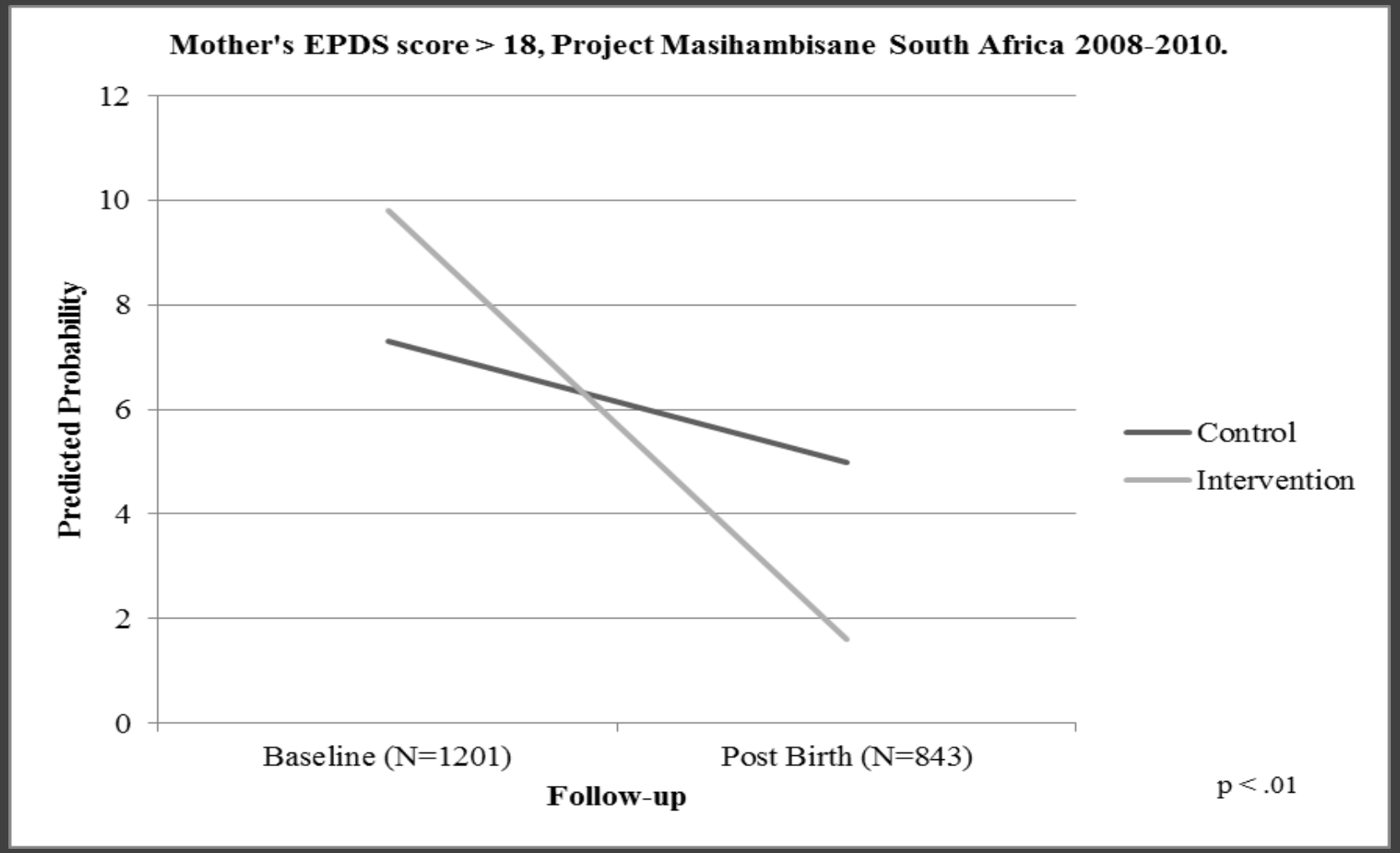


Outcomes @ 12 Months

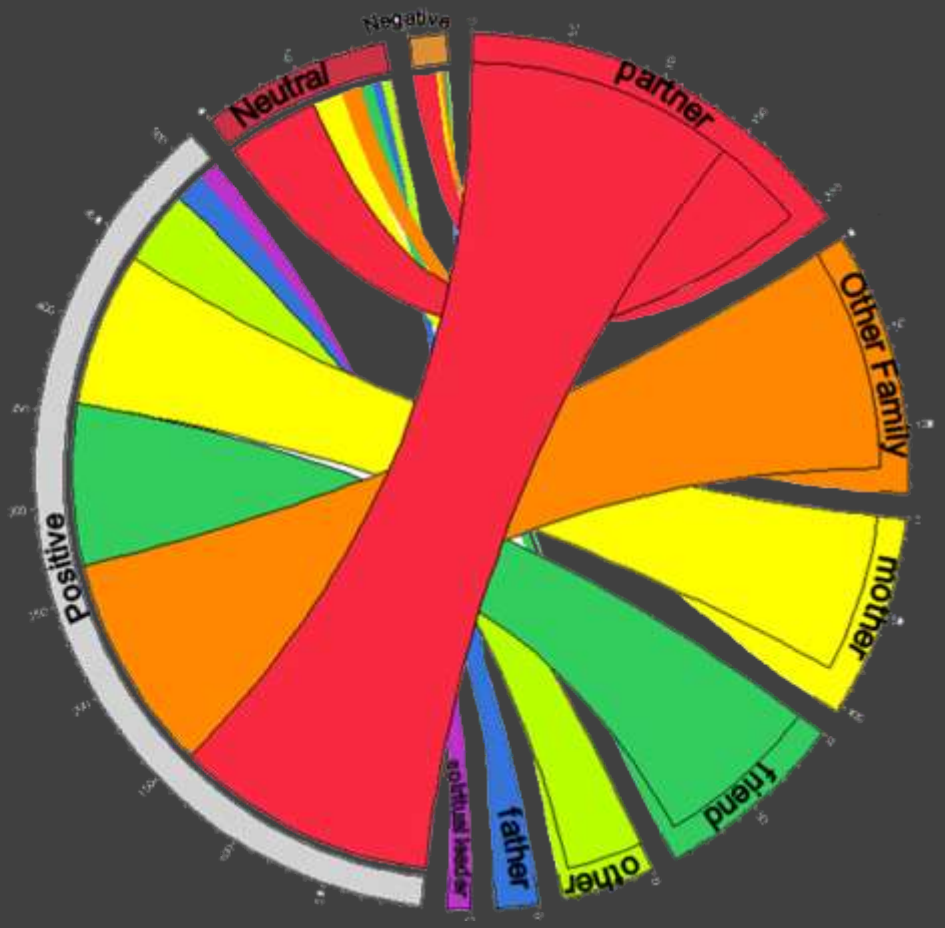
Random effects logistic regression, adjusted for clinic clustering. Significant p-values indicated by *

	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.