

## BACKGROUND

It is estimated that approximately 5.54 million people are living with HIV in South Africa (*Department of Health, 2006*). The annual surveillance of HIV infection among pregnant women attending public health care facilities shows a steady increase in SA across all provinces. In 1990, the prevalence was less than 1%, increasing to 26.5% in 2002 and to 30.2% in 2005 (*King, et al. 2006; Bradshaw and Nannan, 2006; Department of Health, 2006*).

The study on experiences of women participating in the Mothers 2 Mothers (M2M) program and its impact, is part of a larger study, which evaluated M2M. The M2M is a peer psycho social support program that aims to provide support for HIV+ pregnant and new mothers, and to help women use PMTCT services. In 2005 and 2006, Health Systems Trust in collaboration with the Horizons Program of the Population Council, evaluated M2M program in 3 health facilities in KwaZulu-Natal.

Three activities were undertaken as part of the evaluation:

### 1. Quantitative data collection:

- a) Quantitative baseline data collection:
  - HIV+ pregnant women: n=183
  - HIV+ postpartum women: n=178
- b) Quantitative follow-up data collection:
  - HIV+ pregnant women: n=345
  - HIV+ postpartum women: n=350

### 2. Qualitative data collection

- a) 12 HIV positive women who had participated in the program;
- b) 6 mentor mothers working in the M2M program

### 3. Observation

Documentation based on observation of M2M activities in a one- week time span.



## EXPERIENCES OF PARTICIPATION IN THE M2M PROGRAM

The purpose of the qualitative case studies was to obtain in-depth data about the individual impact of the program and to understand women's experiences with the various dimensions of the M2M program.

### 1. Socio Demographic Information

Half of the 12 women interviewed had a partner or husband, whilst the other half were either widowed or single. Mean age was late twenties. On average, women had 2 children. Half of the women had at least some secondary schooling with the other half having completed secondary schooling. Only one of the women was on ART.

### 2. First interaction

Seven (7) mothers gained knowledge of the program through the talks that mentor mothers delivered at antenatal clinics (ANC). Five (5) mothers were referred to the program by staff members from other sections of the health facility. Mentor mothers of the M2M program have reached out to recruit a number of women to the program.

### 3. Views on the M2M program

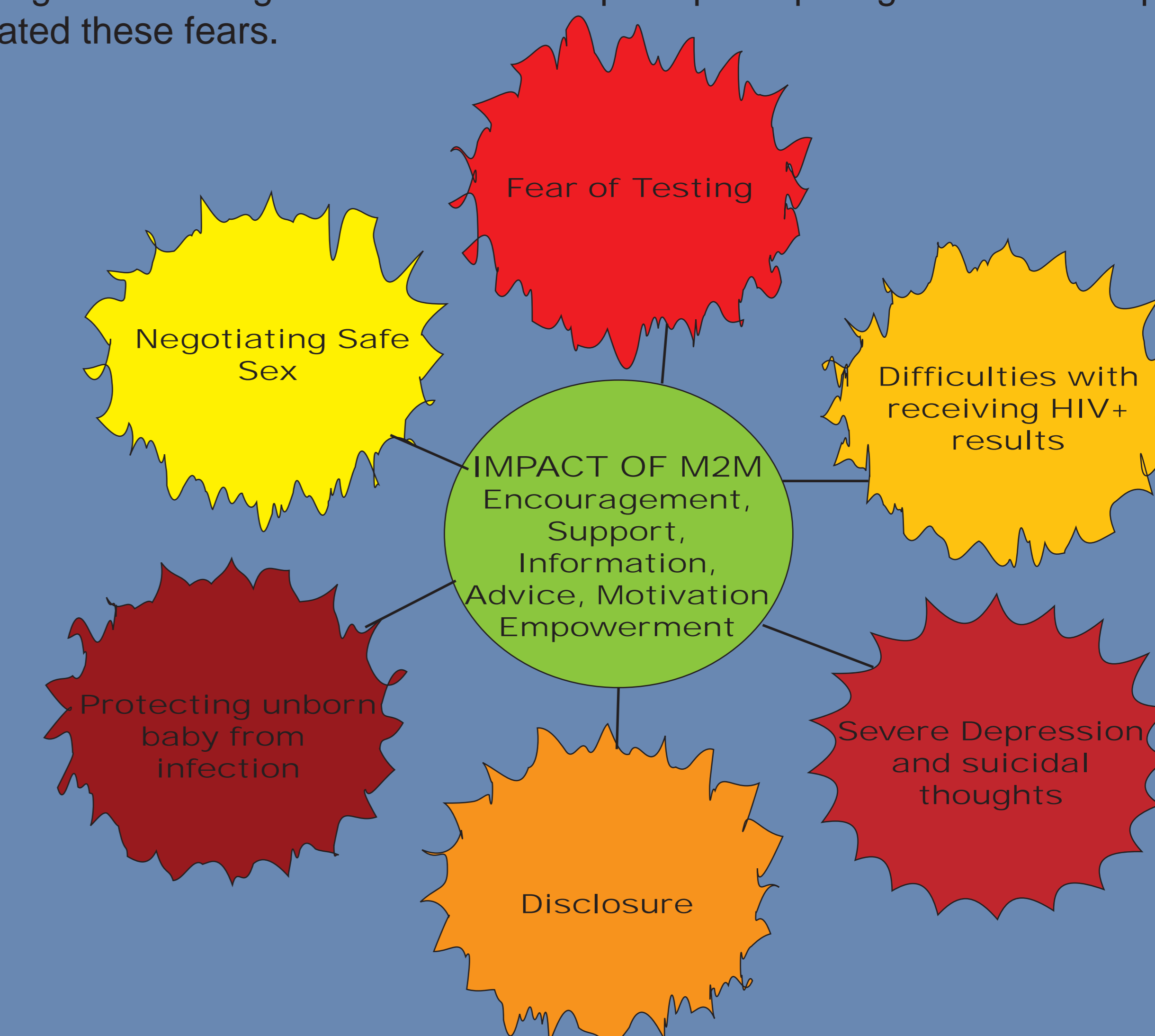
All women thought the program would help them through imparting knowledge and information on how to live positively, and on caring for their babies.

### 4. Advantages of attending M2M

- Support from mentor mothers
- Support on testing and coming to terms with their HIV positive status
- Support and encouragement for disclosure
- Advice, information and motivation
- Forum to talk about HIV freely
- Empowerment to negotiate safe sex

## IMPACT OF M2M PROGRAM

Prior to participating in the M2M program, women had issues that they were struggling with. They feared testing their HIV status. Those who tested positive had difficulties accepting their status. They struggled with disclosure to relatives and partners for fear of stigma and discrimination. They worried about possible transmission during pregnancy and at birth. Some blamed their partners for infecting and leaving them. The time spent participating in the M2M program alleviated these fears.



M2M helped participants with encouragement, support, information, advice, motivation & empowerment through the difficulties they were experiencing. They related that through their participation in M2M sessions, the sense of hopelessness, depression and being suicidal disappeared. They reported having disclosed to a median of 7 people. Those who had partners were able to negotiate safe sex.

Only 1 participant was on antiretroviral treatment. All others reported a CD4 count of >200. Eleven (11) women reported having given birth to HIV negative babies due to the advice of mentor mothers to take nevirapine. They were empowered to make informed decisions. They expressed the view that they do not want further pregnancies. They were empowered to assist other HIV positive women with advice and encouragement to join the program.

## CONCLUSIONS

The M2M program had a positive impact on the lives of women participating in it. HIV positive women and their babies received a continuum of care. The program keeps women linked to health facilities and follows them up. The program played a major role in the improved psycho-social well-being, improved uptake of PMTCT services and outcomes for pregnant and post-partum women who participated. They were given support to accept their HIV-positive status, and education on protecting themselves and their babies.

## RECOMMENDATIONS

The program had a beneficial impact on the lives of women. It would be advantageous for expansion of the program to more health facilities especially in rural areas.

## REFERENCES

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