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Experiences and perceptions of community-based mentor mothers (cMM) supporting HIV-positive pregnant/postpartum women on lifelong antiretroviral therapy in Southwestern Kenya

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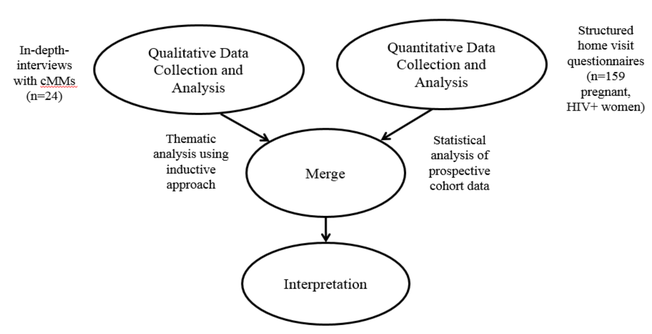
Background

- WHO guidelines recommend lifelong antiretroviral therapy (ART) for all HIV-positive pregnant/breastfeeding women in settings with generalized HIV epidemics (Option B+).[1]
- A community-based mentor mother (cMM) intervention, currently being tested as part of the MOTIVATE! Study in Kenya, is an innovative approach that aims to enhance ART adherence & retention in care among pregnant and postpartum women, by having HIV-positive mothers in the community serve as peer mentors of other women living with HIV.

Methods

- The goal of this study is to better understand how cMMs influence HIV-positive pregnant women's health behaviors and outcomes in the context of Option B+ in Kenya, utilizing a convergent parallel mixed-methods study design.
- We conducted a total of 24 in-depth interviews with cMMs from ten communities in Kenya between April-May 2016.
- Coding and analysis followed a thematic analysis approach.[2,3] Transcripts were coded with Dedoose software using a coding framework based on the literature, topics from interview guides, and emerging themes from transcripts. Excerpts from broad codes were then fine-coded using an inductive approach.
- Self-reported ART adherence and other prevention of mother-to-child transmission (PMTCT) behaviors were examined using data collected by cMMs during their home visits for159 women and their infants up to 6-weeks postpartum.

Figure 1. Process flow diagram of the procedures. Convergent mixed-methods research design.



Results

Table 1. Sociodemographic and HIV-related participant characteristics (N=183)

CHARACTERISTICS	Community Mentor Mothers (n=24)	HIV-positive Study participants (n=159)
Age (years): Mean (SD)	34.2 (±6.7)	28.4 (±5.6)
Participant education: N (%)		
Completed primary	3 (12.5%)	not available
Some secondary	6 (25%)	not available
Completed secondary	12 (50%)	not available
More than secondary	3 (12.5%)	not available
Number of living children/current parity: mean (SD)#	2.9 (±1.3)	2.7 (±1.8)
Partnership status: N (%)		
Monogamous marriage	11 (45.8%)	144 (91%)&
Polygamous marriage	4 (16.7%)	
No current partner (widowed/separated)	9 (37.5%)	15 (9%)
HIV-positive status at study enrollment: N (%)		
Known HIV-positive	24 (100%)	85 (53%)
Newly diagnosed with HIV at 1st antenatal visit	0 (0%)	74 (47%)
Type of partnership (HIV status): N (%)		
Concordant HIV partner status	14 (58.3%)	6 (4%)
Discordant HIV partner status	8 (33.3%)	26 (16%)
Unknown HIV partner status	2 (8.3%)	127 (80%)

#Number of living children indicated for cMMs; parity indicated for pregnant participants, current pregnancy not counted; & married, type of marriage unknown

Figure 2. Results from the qualitative interviews with cMMs (N=24)

Theme 1: High acceptability of the cMM intervention in the community and at health facilities.

"As the people doing the visits, they know us, they take us as sisters (nurses) who they can share their problems with. Whenever they come here they don't open up but the moment you go to them in their houses, there they are so free and confide in you whenever they face problems."

Theme 2: cMM job responsibilities/type of services provided

-Serving as role model & confidantes
-Supporting acceptance of HIV status & providing encouragement about the potential of having an HIV-negative child
-Assisting with partner disclosure/communication
-Linking and referring women to HIV care, PMTCT & maternal and child health services
-Providing tangible support (development of birth plans, picking up medications, help with household finances)

"I wanted them to know that you can give birth and raise a HIV negative baby. […] it was something I had experienced, and did as I was taught and I was successful. You know when you are teaching someone something that you have experienced, it becomes very easy and the person also understands quickly."

Theme 3: Positive impact of cMM work

-Improved adherence & retention in care
-Delivery at health facility
-Infant's HIV testing, adherence to ARV, immunization, safe infant feeding
-HIV-status disclosure & improved couple communication
-Preferred over the facility-based mentor mothers due to privacy, convenience, and dedicated attention

"When you go to these people's homes you get time for disclosure, you sit with couples down and talk to them but here at the facility most people are afraid to come. At the homes you find that they are so happy with what you teach, in fact, when you come back next visit you find that the man of the house is now willing to sit and listen to you."

Theme 4: Personal story and impact of being a cMM on self

-Self-empowerment, increased income, motivation to further training and skills
-Self-motivation for adherence & retention in care

"It has really changed me […] because you feel so nice when a baby comes out negative."

"Being a community mentor mother has helped me in so many ways, the people who looked down upon me now view me as a person of value, one that can impart some knowledge on them. My children are now able to go to school but before they wouldn't go for two weeks without being sent back home for fees [...]. Also right now am able to dress neatly, am more knowledgeable about things."

Theme 5: Challenges of cMM work

-Inadvertent disclosure of clients' HIV status
-Male partner involvement
-Transportation
-Finances
-Cultural barriers/myths

"If a woman hasn't disclosed to the husband keeping the drugs will be challenging."

"Sometimes you are so tired but then you have to go and the place is muddy, that's the challenge we go through. Also we travel long distances and this place is hilly and you have to go because we have to go to this people you can't abandon them."

Table 2. Women's self-reported PMTCT behaviors (N=159)

OUTCOMES	Known HIV-positive women (n=85)	Women newly diagnosed with HIV (n=74)
Self-reported 100% adherence to ART by HIV-positive women at 6-weeks postpartum	98%	93%
Disclosed HIV status to their male partners at 1st antenatal cMM visit	84%	84%
Disclosed HIV status to their male partners at 4th antenatal cMM visit	95%	96%
Male partner present at 1st antenatal cMM visit	93%	92%
Male partner present at 4th antenatal cMM visit	95%	95%
Infants on preventive HIV regimen	99%	100%
Adherence of infants to preventive HIV regimen at 6 after birth	99%	100%
Proportion of infants tested for HIV at 6 weeks after birth	93%	96%
Proportion of infants delivered at the hospital	91%	87%
Proportion of infants exclusively breastfed at 6 weeks after birth	100%	99%
Proportion of infants immunized at 6 weeks after birth	100%	99%

Conclusions

Kenya, similar to other countries, is in need of innovative approaches to overcome challenges associated with the scale-up of lifelong ART services. This study suggests that a cMM strategy may play an important role in enhancing PMTCT as well as maternal and child health in Kenya, and may also have positive effects on the cMMs themselves.

References:

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