

Young HIV mothers need supportive network

Many young HIV-positive mothers in Northern Uganda stop seeking health care for their baby after the first HIV test, especially when the newborn is found to be HIV-negative. Babies exposed to HIV remain at high risk of being infected during their first 18 months. An early diagnosis can save many children's lives. That is why Mama's Club tries to keep young HIV-positive mothers within the reach of health facilities, despite the challenges.

Most health facilities provide prenatal care to eliminate mother-to-child transmission of HIV, such as breast-feeding advice, and how to recognise fever, diarrhoea and skin infections that may indicate HIV infection. Postnatal care for both mother and child is just as important to prevent transmission at a later stage, and to make an early diagnosis if the child gets infected. Most HIV-positive mothers visit the health centre just after the baby's birth to test for HIV, but they rarely return to seek continued care.

Incomplete information

Research shows that most HIV-positive mothers know how to prevent HIV transmission from mother to child. They also know that the so-called DNA PCT test is the most reliable way of finding out whether a newborn is infected. However, some mothers think that the outcomes of the DNA PCT test are definitive, while they actually need to repeat the test six weeks after they stop breast-feeding. Incomplete information causes reluctance to stick to the recommended treatment.

What prevents mothers from going to health facilities

There is no simple answer to the question why HIV-positive mothers do not seek continued care. Explanations vary: a woman lives too far from the health centre, or does not understand why her HIV-exposed baby needs continued care, she lacks support from her partner or husband to seek care, she has kept her HIV status hidden so she does not feel free to come, she experiences stigma and discrimination, or she needs to work in another area during harvest time. Moreover, when a mother makes effort to stick to her appointments, she cannot be certain she will get the care she needs. Testing kits may be out of stock, test results get lost, health workers appear to be out of office for some reason, or are unprofessional, or the waiting time is very long. These are all barriers that prevent HIV-positive mothers from remaining in care.

Facts about the research

Where?

Northern Uganda: Gulu, Kitgum and Amuru.

By whom?

Mama's Club

For whom?

Young HIV-positive mothers under age 25.

Scope of the research

12 health facilities, 100 respondents include young mothers, their partners, mentor mothers and fathers, and health service providers.

Recommendations

For organisations that work with and for HIV-positive mothers:

- Ensure husbands and fathers are also informed about the importance of early infant diagnosis so they can support their wives in the trajectory.
- Engage local leaders of the community, such as the mayor, priest, imam, or traditional leader, in HIV awareness-raising events and activities.
- Set up and sustain support groups for young HIV-positive mothers.
- Design tools to collect and document data about HIV-positive mothers and their children.

For health facilities:

- Train health workers to provide prenatal care and early infant diagnosis, especially to young and vulnerable women who shy away from seeking health care. When the mother feels well at ease and safe, she may feel more motivated to return.
- Appoint and train mentor mothers and fathers/expert clients/buddies to accompany the mother during appointments and keep an eye when it comes to baby care and baby feeding (Infant Feeding Buddies).
- Set up a reliable Supplies Management Systems to avoid running out of stocked drugs.

