

# Investigating the impact of the m2m Mentor Mother Model on the psychosocial wellbeing of HIV positive pregnant women and new mothers accessing Prevention of Mother to Child Transmission of HIV services



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## Background

mothers2mothers (m2m) employs and trains mothers living with HIV (Mentor Mothers) to provide peer education and psychosocial support to pregnant women and new mothers as well as tracking and retaining them in PMTCT care. Through the education and psychosocial support that Mentor Mothers provide women, they develop the beliefs, attitudes and skills necessary to overcome negative social norms that impact on them, their families and communities. Self-efficacy is at the centre of m2m's Theory of Change.

Through improved self-efficacy, women who have seen a Mentor Mother are better able to overcome some of the barriers to healthy behaviour and service uptake. m2m empowers women through improving their self-efficacy. In 2014 an external evaluation was conducted focusing on the m2m Mentor Mother Model implemented under the STAR-EC Programme in Uganda. One of the objectives was to investigate whether maternal psychosocial well-being and empowerment outcomes were associated with exposure to Mentor Mothers.

## Methods

A quasi-experimental matched area comparison design was used. Seven hundred and ninety six (796) pregnant women and new mothers accessing PMTCT between June 2012 and March 2014 in 31 intervention facilities (where m2m Mentor Mothers provided peer education and psychosocial support) and 31 matched control facilities (where no peer education and psychosocial support were provided)

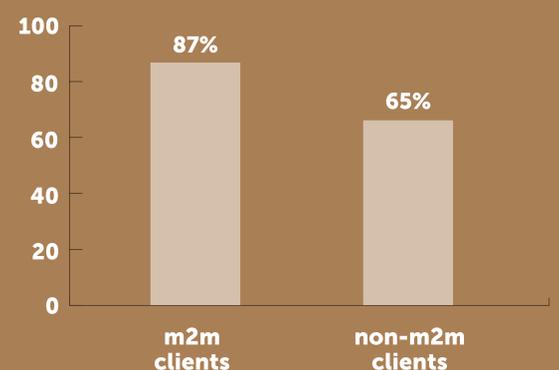
participated in facility based Psychosocial Wellbeing surveys. A standardised questionnaire that was informed by the m2m Theory of Change was administered. Bivariate and multivariate inferential statistical analysis was done using STATA 12. Propensity Score Matching was used to investigate the net effect attributable to the m2m standard-of-care.

## Results

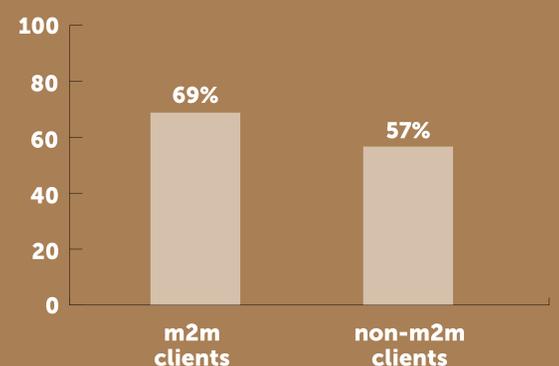
Clients exposed to m2m support demonstrated better psychosocial wellbeing and empowerment outcomes compared to non m2m exposed clients.

Psychosocial wellbeing outcome indicators	Average effects among matched exposed subjects in m2m sites	Average effects among matched unexposed subjects in control sites	Net effect (Percentage points)	P-Value
Experience of social support	80.10%	71.70%	8.4	0.003
Demonstrates HIV Disclosure and Safer Sex Self-Efficacy	71.70%	50.70%	21	<0.001
Did not experience Depression	83.30%	78.10%	5.2	0.028
Experience of Good relationship with health worker	95.20%	86.00%	9.2	<0.001
Experience of Good relationship with health partner	72.20%	58.30%	13.9	<0.001
Demonstrates coping with stigma	40.20%	31.20%	9	0.006
Demonstrates no experience of internalized stigma	99.50%	97.90%	1.6	0.025
Accurate HIV Knowledge	87.10%	81.80%	5.3	0.015
Positive Gender attitudes	44.70%	36.50%	8.2	0.01

PERCENTAGE CLIENTS DEMONSTRATING COPING SELF-EFFICACY



PERCENTAGE CLIENTS DEMONSTRATING COPING BEHAVIOUR



No significant differences were observed in HIV treatment adherence self-efficacy (HIV-ASES) between the study arms (97.7% vs 97.4%, p-value 0.395).

## Conclusion

Exposure to m2m's psychosocial support positively impacts on the psychosocial wellbeing and empowerment of pregnant women and new mothers.

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