

Building on the Mentor Mother Model to improve the sexual reproductive health and rights of adolescent girls and young women



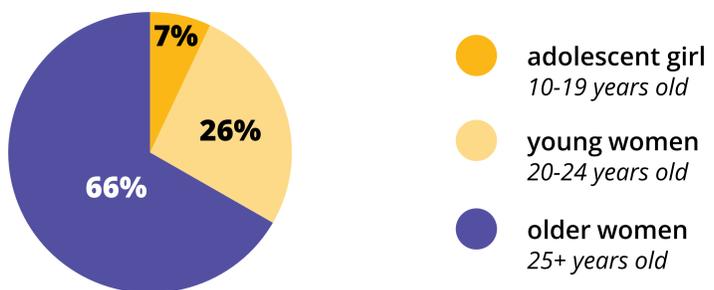
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Background

The mothers2mothers' (m2m) Mentor Mother Model empowers pregnant women and new mothers to make informed decisions about their maternal and infants' health, through peer education and support. Young women are disproportionately affected by HIV/AIDS, constituting two thirds of new HIV infections; 380,000 girls and young women aged 10-24 are infected annually in Eastern and Southern Africa (UNAIDS, 2014). This group have higher HIV risk factors, like age-disparate sex and partner violence. m2m aims to improve sexual and reproductive health and rights (SRHR) of Adolescent Girls and Young Women (AGYW) by building on the efficacy of its Mentor Mother Model.

m2m HIV-POSITIVE ADOLESCENT CLIENTS

Method

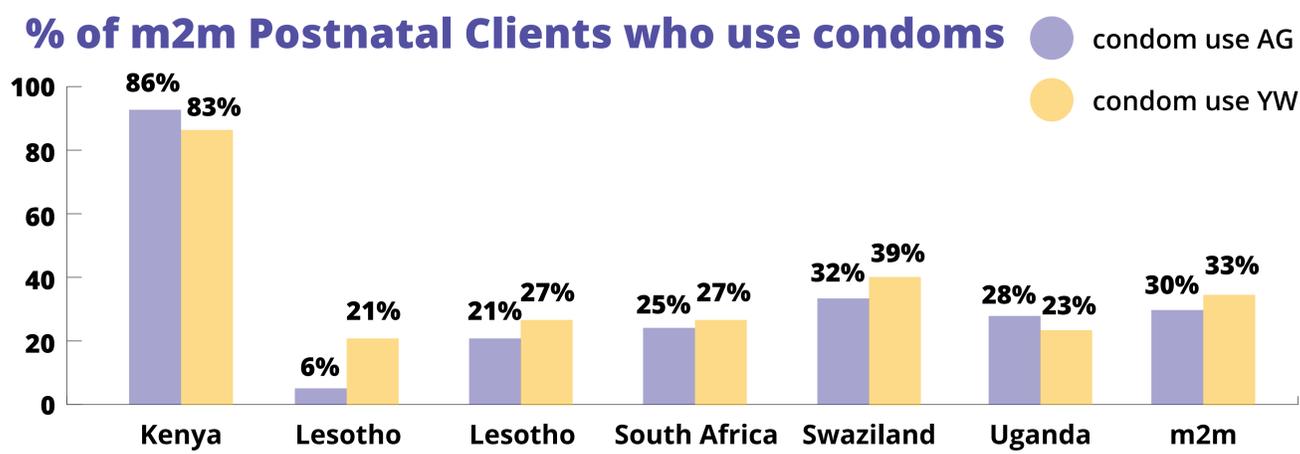


Secondary analysis of a representative sample of 87 m2m-supported health facilities in 6 African countries was conducted. Data comprised of 2,974 HIV-positive AGYW's longitudinal records (maintained by Mentor Mothers), enrolled Jun-Nov 2012 to the end of 2014. Univariate descriptive and multivariate regression analysis was done using STATA 13.

Results

33% of m2m HIV-positive clients are AGYW, of which 20% are AG aged 15-19, and 80% are YW aged 20-24. Less than 1% of m2m's AGYW HIV-positive clients desired pregnancy again while in m2m care, yet uptake of modern contraception among them is low (79% and 74% respectively, among AG and YW), especially in Lesotho (69% and 52%), Malawi (67% and 58%) and Swaziland (70% and 58%). 20% of AG and 17% of YW knew that their partners' status was

HIV negative, yet only 26% of AG and 32% of YW in this group reported using condoms. 12% of AG and 14% of YW attended m2m with their partner at least once. Attending m2m services as a couple (at least once) is a consistent predictor of uptake of any modern contraception (AOR 6.26, p<0.001), dual family planning (AOR 6.32, p<0.001) and condom use (AOR 3.09, p<0.001).



Adjusted Odds Ratios (AOR) from logistic regressions, showing how attending m2m as couple is a predictor of uptake for AGYW (n=2974).

ATTENDING m2m AS A COUPLE	AOR
Modern Contraception	6.26*
Dual Family Planning	6.32*
Condoms	3.09*

*All p values are < 0.000

Conclusion

There is an urgent need to strengthen adolescent SRHR services with a view to closing key gaps in condom and contraception uptake. Consideration of the subgroup of AG, their risk behavior, and male partners' roles in contraceptive decision-making is imperative. m2m is prioritizing a multi-component approach for AGYW, using ANC, PMTCT facility and school-based platforms.

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