



2011 CARIBBEAN HIV CONFERENCE

STRENGTHENING EVIDENCE
TO ACHIEVE SUSTAINABLE ACTION

November 18–21, 2011 | The Bahamas



I am Alive!

**Protecting the sexual and
reproductive health and rights of
adolescent and young mothers living
with HIV**



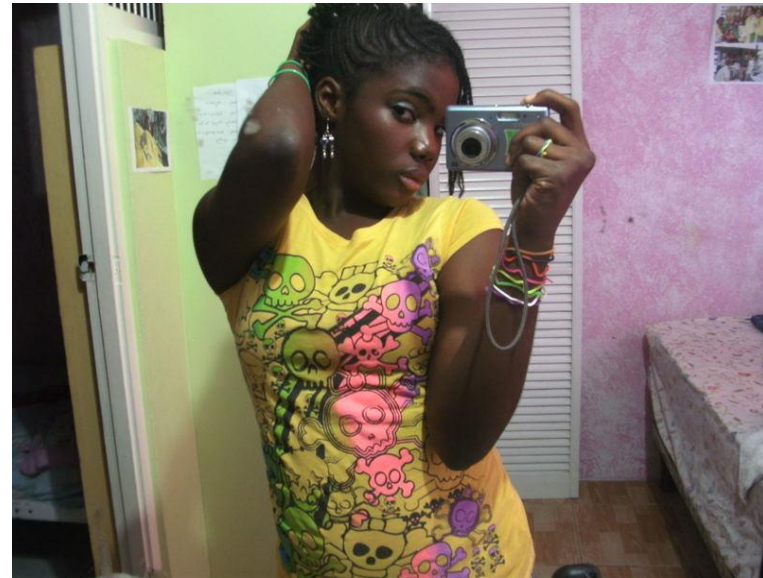
Discussion Flow

- **Contextualising Adolescents**
- **Contextualising the project**
- **EVE Model of Care and Support**
- **Successes/Challenges/Lessons Learnt**



CONTEXT AND BACKGROUND

- **Adolescent Girls: Who are they?**





CONTEXT AND BACKGROUND

- **Physical Beings**
- - **Adapting to, accepting changes.**
- - **Concerned about their appearance.**





CONTEXT AND BACKGROUND

Social and Psychological beings

- In search of independence and identity
- Relating to the opposite sex





CONTEXT AND BACKGROUND

Intellectual beings



- **Intellectual growth spurt**
- **Abstract thinking**
 - possibilities for the future
- **Flexing intellectual muscles**
- **Willing to question and challenge**
 - Parental reactions





CONTEXT AND BACKGROUND

- **Spiritual Beings**
- - **Examines self belief**
- - **Unwilling to conform**



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CONTEXT AND BACKGROUND

Data from the Jamaica National HIV/STI Programme has consistently indicated an upward and disproportionate trend in the number of women and girls aged 10 -24 years old infected with HIV





CONTEXT AND BACKGROUND

- **Adolescent girls aged 10 – 19 years old are three times more likely to be infected**
- **Young women aged 20 – 24 are one and half times more likely to be infected**





PROFILE OF YOUNG MOTHERS

- Typically, the HIV+ adolescent mother cared for by EVE for Life:
- Had their education interrupted due to pregnancy: 100% were school drop outs.
- 50% had limited or no reading skills





PROFILE OF YOUNG MOTHERS

- **Coping with the virus on their own: High levels of stigma and discrimination is a deterrent to disclosure to family and community. Survey revealed that 83% had not disclosed their status to family or partners and were having difficulty coping with their positive status**





PROFILE OF YOUNG MOTHERS

- **Multiple babies: data gathered from 12 HIV+ adolescent mothers found a high level of repeat pregnancies with 7 having two babies and one having three by age 19.**





PROFILE OF YOUNG MOTHERS

- **Low condom use, but sexually active: 75% of the participants did not use any contraceptive method although all were sexually active; 67% per cent were unaware of their partners' status and 75% were not using condoms on a regular basis.**





PROFILE OF YOUNG MOTHERS

- Limited knowledge of sexual and reproductive health and rights issues
- Low coping skills (angry, depressed, no affect)
- Experienced high level of stigma and discrimination from health care providers





PROFILE OF YOUNG MOTHERS

- **Limited/no knowledge of basic HIV including transmission: 100% were unable to name three ways HIV is transmitted, although they were HIV positive and sexually active**





PROFILE OF YOUNG MOTHERS

- **Low/no adherence to ARV – what is the use? 83% did not know how ARVs worked and were not adhering**
- **Unhappy with their lives, low self esteem**





GAPS IN THE PUBLIC HEALTH SECTOR

- **Adolescent women are not given the information, resources and gender-specific support that are needed to optimize their own health care needs.**





GAPS IN THE PUBLIC HEALTH SECTOR

- **100% did not receive pre and post test counselling when tested for HIV**
- **60% were not offered counselling on contraceptive choices to support voluntary, informed decision making**





GAPS IN THE PUBLIC HEALTH SECTOR

- All (100%) were ‘offered’ sterilisation as a first option
- Two had the surgery done without understanding the implications – both were illiterate.
- 92% were not provided counselling on HIV and STI risk reduction under the PMTCT programme





GAPS IN THE PUBLIC HEALTH SECTOR

- **75% were told by health care providers not to have sex**
- **100% did not know the female condom or how to use it**





EVE MODEL OF CARE AND SUPPORT

- In 2010, EVE for Life pioneered the programme, “I Am Alive” with 15 HIV+ adolescent and young mothers.
- The programme is built on the principle that HIV is an acquired infection and not who you are.





EVE MODEL OF CARE AND SUPPORT

- **Women are taught first to appreciate the fact that they are ‘alive’ and that they are entitled to live healthy, happy and prosperous lives.**





EVE MODEL OF CARE AND SUPPORT

- The model of care and support is designed to provide comprehensive risk counselling and services (CRCS) in conjunction with support group interventions (SGI) and training activities to help the young mothers improve their holistic health and well being.





EVE MODEL OF CARE AND SUPPORT

- Utilises a four-pronged approach to foster behaviour change among the young mothers:
 1. **Group level intervention: takes the form of monthly sensitisation sessions where key issues eg. adherence, safer sex/risk reduction, disclosure and communicating are addressed.**





EVE MODEL OF CARE AND SUPPORT

2. Training Workshops: Minimum three days of training and skills building around particular areas as reflected in needs assessment eg. Sexual reproductive health and rights, parenting, prevention with positives etc.





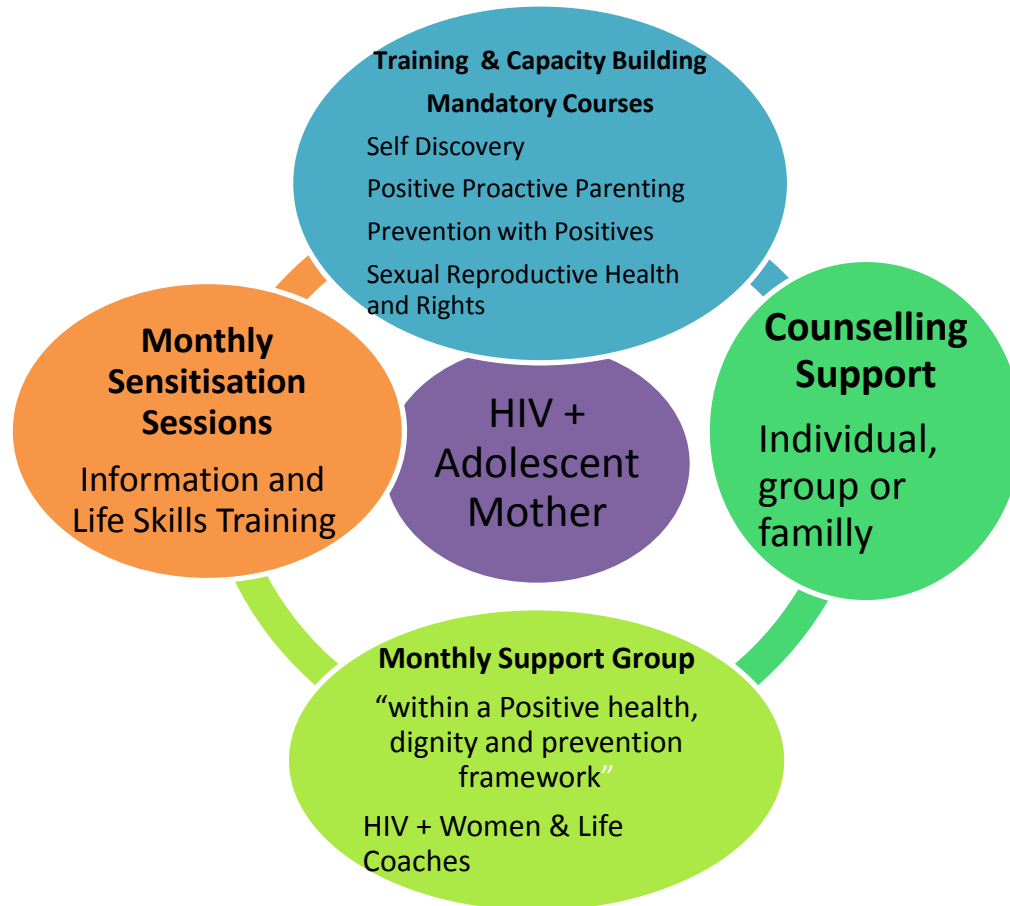
EVE MODEL OF CARE AND SUPPORT

3. **One-on-one counselling that will integrate, reinforce or build upon issues discussed in levels one and two such as disclosure and safer sex.**
4. **Support group sessions facilitated by mature HIV+ mother.**





EVE MODEL OF CARE AND SUPPORT





EVE MODEL OF CARE AND SUPPORT

- All clients go through a 3-day day rigorous course of Self Discovery – where they explore self, their fears, HIV and its impact and goal setting.
- The underlining goal of self discovery is to work on self.





EVE MODEL OF CARE AND SUPPORT

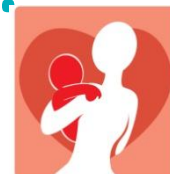
- **The young mothers are reminded that the changes they want to see will require them to source from a different and powerful place than what they have been told.**
- **It requires them to see themselves as all powerful with the innate ability to achieve whatever they want.**





EVE MODEL OF CARE AND SUPPORT

- They have to source from their “self” and unleash their potential.
- They are reminded that they have power over the virus. They are taught to master the virus: optimum adherence, keep themselves informed about key trends in HIV treatment, active participation in advocacy etc.





EVE MODEL OF CARE AND SUPPORT

- **Discovering self is loving self enough to:**
 - - disclose to partners (prevent HIV transmission), family/friends(for support)
 - - Adhere to medication
 - Care for mental and physical self
 - - Want to achieve one's highest potential

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SELF DISCOVERY – PATHWAY TO CHANGE

- The period of discovering self is a work in progress and continues through the monthly sessions, support group sessions and one-on-one counselling sessions.
- To assist clients to become more, the EVE model includes what we refer to as Life Coaches





LIFE COACHES

- **Life Coaches:** These are capacitated HIV+ mothers who closely monitor the young mothers.



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EVE MODEL OF CARE AND SUPPORT

- **The life coaches work with the women to develop short, medium and long term plans as it relates to issues of adherence, condom use, family planning, setting life goals, among others.**



EVE MODEL OF CARE AND SUPPORT

- **Life Coaches are assigned three to four young mothers, who they mentor and support. They get to know their families, children etc. They make appointments at clinics, for counselling if needed or other social interventions.**





EVE MODEL OF CARE AND SUPPORT

Life Coach with clients

Life Coach with assigned clients





EVE MODEL OF CARE AND SUPPORT

- **Repetition - Working with young persons require constant repetition for transfer of learning. This is done through the four components – at workshops, at monthly sessions, at support group sessions and during counselling**





EVE MODEL OF CARE AND SUPPORT

- **Babies and children are staples at ALL sessions – support group meetings, workshops, counselling and monthly sensitisation sessions. Staff and volunteers baby sit while clients participate in their own empowerment**





GAPS IN THE PUBLIC HEALTH SECTOR





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SUCCESSSES

- **Women are highly motivated. Display initiative towards learning and support**
- **Peer relationship and leadership skills developed: Now ready to offer peer support**
- **Increased self confidence: No longer hide due status. Are now speaking in controlled public spaces**





SUCCESSSES

- **Improved reading skills: Work with Life coaches paying off**
- **Improved child care skills: 100% improvement in nutrition and physical care of children**





SUCCESSSES

- **Greater advocacy to improve treatment and care service: Not willing to accept mediocre treatment from health care providers.**
- **Increased condom use and improved negotiation skills: Only one new pregnancy since start of programme**
- **Only one reported case of STI**





SUCCESSSES

- **All but one of the women have now disclosed their status to current sexual partner and family**
- **One represented Jamaica at a Youth conference on HIV in Mali.**
- **One young woman represented Jamaica at the recent HLM on HIV in New York**





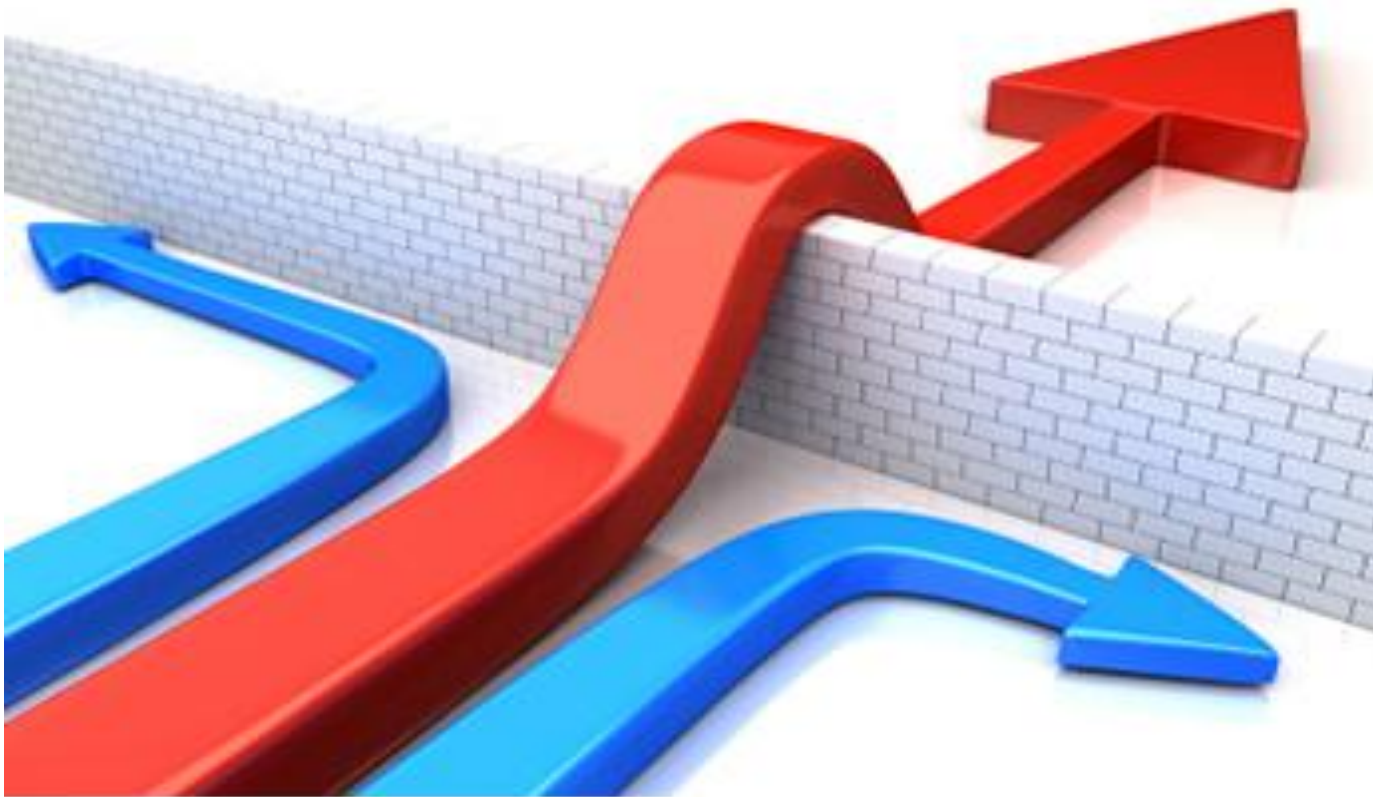
SUCSESSES

- **Now on face book providing peer support for other young teenage mothers.**
- **Two are attending Heart NTA pursuing courses in Information Technology and Cosmetology**





CHALLENGES



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CHALLENGES

- **Illiteracy: Illiterate clients more likely to miss clinic appointments, practise high risk behaviour, harder to reach.**
- **Lack of funds to assist clients with domestic needs including support for babies**
- **Challenge of teen mothers parenting toddlers: still kids – dress character dolls on internet.**





CHALLENGES

- **Limited funding support for life coaches**
- **The need to provide parallel training for interested spouses/family**
- **Health sector remains unresponsive to the needs of adolescents living with HIV**





LESSONS

LEARNED

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LESSONS LEARNT

- **Positive adolescent mothers lack accurate information to take care of their sexual and reproductive health**
- **Positive adolescent mothers lack knowledge on what their rights are in relation to sex, sterilisation and access to prevention and treatment information**





LESSONS LEARNT

- **The economic power of older men over adolescents – especially the illiterate - is very strong making it difficult to move out of abusive relationships**





LESSONS LEARNT

- **Disclosure is a key element in positive prevention**
- **Women want more – open to further education, employment and advocacy**





NEXT STEPS



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NEXT STEPS

- **Income Generating programme for young mothers**
- **Provision of grants to return to school**
- **Facilitation of community service through PMTCT programme**





ACKNOWLEDGEMENT

- **Caribbean Treatment Action Group**
- **US Ambassador's Fund**
- **UNESCO**
- **UNESCO/UN WOMEN/UNAIDS**
- **Food for the Poor**
- **Kiwanis Club of Mona**





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THANK YOU!

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