

HIV & MATERNAL MENTAL ILLNESS

The PMHP model is uniquely positioned to intervene at the confluence points of pregnancy, gender-based violence, poverty, mental illness and HIV/AIDS. HIV is a very strong risk factor for mental illness. Women are especially vulnerable, particularly in contexts of poverty. Mental illness contributes significantly to AIDS-related mortality among women.

HIV & mental illness in women: Almost half (43.7%) of all people living with HIV/AIDS in South Africa have an identifiable mental illness which requires an intervention. This is significantly higher than the regular population, where prevalence of mental illness is 16.5%.

HIV infection predisposes women to mental distress. The enormous emotional strain of living with HIV, including its social and financial consequences, renders women vulnerable to depression and anxiety. Conversely, those women with mental illness are more vulnerable to becoming HIV positive. A depressed woman is less likely to be able to negotiate safe sex due to low self-esteem, a sense of hopelessness or financial dependency.



- HIV+ mothers are particularly vulnerable to mental illness during and after pregnancy.
- **Mental illness affects how women use maternity services and HIV services.**
- Mental illness has been found to have negative impacts on how an HIV+ woman adheres to her own and her child's AIDS treatment.
- **Mental health support and social support for HIV+ mothers is vital for the general health of the woman, the baby and the rest of the family.**

HIV & mental illness related to pregnancy:

In pregnancy,

- most women learn their HIV status for the first time. They are then faced with the diagnosis as well as pregnancy that may be unwanted.
- if they disclose they are positive, they can be accused of being unfaithful, be beaten or thrown out of the home by their partners or family.
- if HIV positive, women often feel anxious or guilty about transmitting the virus to their babies.
- they have to adjust to the Prevention of Mother to Child Transmission (PMTCT) programme or to taking HAART.

Violence

For poor women, HIV, mental health and violence overlap in dangerous ways.

HIV + women are more likely to become victims of violence. Pregnant women are also more vulnerable to violence than non-pregnant women.

Experiencing gender-based violence places women at increased risk of both HIV and mental illness.

After pregnancy,

- women must make a difficult decision about infant feeding.
- if women chose to bottle feed, they risk friends and family becoming suspicious that they are HIV positive.
- women frequently feel very anxious that their babies may be HIV positive.

The PMHP intervention: The innovation of the PMHP is its preventative approach. The Project does not only address women in crisis. Rather, screening large populations of at-risk women identifies those who are vulnerable. Therapeutic counselling then provides support and empowerment for women so that crises may be prevented or managed more effectively. Self esteem and a sense of agency may be restored in a safe and therapeutic environment.

In South Africa, there is an excellent uptake of maternity care services – 92% of pregnant women will go to a clinic. The PMHP has optimised this opportunity by developing a local, evidence-based model for care. Mental health care is routinely integrated into maternal care. Poor women need not spend extra resources nor deal with issues of stigma. While they are attending for their pregnancy care, they can access mental health care **on-site**.