MOTHERS OF THE FUTURE

A PROGRAM TARGETED AT SEX WORKERS WHO ARE MOTHERS

OUTLINE OF PRESENTATION

- 1. Challenges for sex worker mothers at each stage:
 - Pre-pregnancy
 - During pregnancy
 - After pregnancy
- 2. Survey results
 - Key Findings
 - Brief overview of responses
- 3. Mothers of the future program
 - Outline and overview of the Programs
- 4. Proposed entry points for programs with sex worker mothers
 - Different levels of intervention
- 5. Recommendations

Challenges for sex worker mothers and potential entry points

Pre-conception

- •Readiness to have a baby
- Health- HIV testing/ Treatment
- •Availability of support/ access to resources

During pregnancy

- •Treatment adherence (if HIV positive)
- •Condom use during pregnancy
- •Healthy habits attends clinic
- •Drug and alcohol treatment
- Financial support

After birth

- •Treatment options after giving birth
- •Birth registrations with Home Affairs
- Applications for child care grants
- •Immunizations
- •Home visits- child protection

Survey results:

- KEY FINDINGS:
- Sex workers are vulnerable in pregnancy as they are often still working or not using condoms so are vulnerable to HIV infection
- they lack shelter in pregnancy and many are sleeping on the streets which has implications for mother and baby
- poor coverage of HIV testing of these women and their new borns
- lack of family support in pregnancy and in post natal care
- poor uptake of ART after testing which puts them at greater risk of transmitting virus to baby as well as affecting their health and ability to work or care for children

Vulnerability during pregnancy

- Most sex workers indicated that they do sex work whilst pregnant
 - Sex workers were often not financially supported during pregnancy and thus needed to work still
 - Most respondents also indicated that they return back to work shortly after giving birthmany within 6 months
- Sex workers are less likely to use condoms when offered more money- EC and WC often the case
- Other reasons for not using condoms include
 - Being forced to have sex- most respondents indicated having been forced into sex without condoms
 - Having sex with regular clients
 - JHB sex workers indicated being less-likely to use condoms with an intimate partner

Vulnerability during pregnancy

- Most respondents had more than one pregnancy- with the most unwanted/unplanned pregnancy in JHB and WC.
- Corresponding with this the most abortions and miscarriages were from WC and JHB (JHB respondents noted having numerous abortions)

Respondents indicated that lack of support was the driving factor for termination of pregnancy

Number of Abortions and Miscarriages

12
10
8
6
4
2
0
Western Cape
East London
Johannesburg

miscarriage
abortions

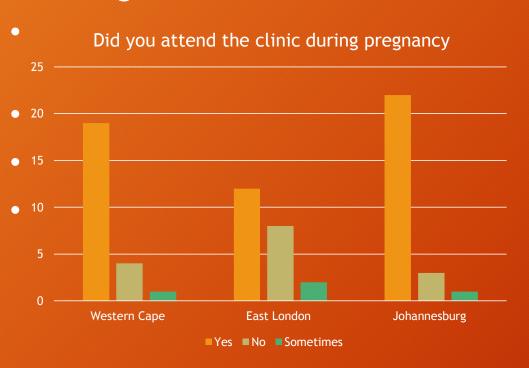
LACK OF SUPPORT

- Most sex workers noted their families as support structure during pregnancy
- Whilst at least 6 respondents in each Province noted no support structures.
- No Significant support from health/other Service providers were noted
- Which could relate to other poor health behaviors identified

 If sex workers do not feel welcome within clinics they are less likely to engage meaningfully with health providers
- Sex workers were also often without shelter during pregnancy and at least 10 respondents in each province indicated sleeping outside while pregnant.
 - In such conditions daily survival becomes the main goal and the focus is shifted from the health baby or mother to just getting enough to survive the day

HEALTH BEHAVIOR WHILST PREGNANT

 Most respondents indicated having attended the clinic during pregnancy and also testing for STI's



However, from respondents who had tested positive for HIV very few were on ARV treatment

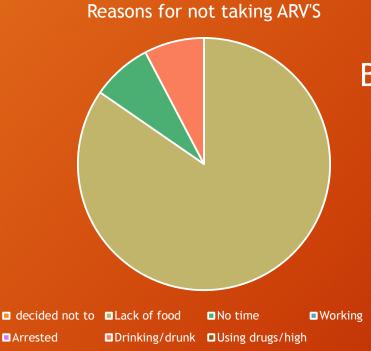
WC-19 Tested positive only 9 on treatment

El- 22 tested positive only 6 on treatment

JHB-26 tested positive only 15 on treatment

HEALTH BEHAVIOR WHILST PREGNANT

 Reasons for not using ARV's varied from different respondents with lack of food being the most ticked response in all 3 provinces



drinking was noted as another reason for not taking ARV's

Both these indicated that there is a need for support for sex workers- financial and psycho-social

Alcohol and drug abuse treatment is necessary

Mothers of the future program

- Is a sex worker mother program that takes into account the issues highlighted above
- It is based on three pillars

Support

- Psycho-social
- Mobilizing resources

Health

- Changing health behavior
- Reproductive health

Peer network

- Peer education
- Movement building

AN ENTRY POINT FOR AN INTEGRATED APPROACH

Entry Points	Program Outputs
PMCTCT Prevention of Mother to child transmission	Targeting mothers who are pregnant or who have thought of pregnancy. Promoting testing and offering support though small groups
ARV THERAPY	Advocating for treatment when necessary Support with adherence and access
EARLY INFANT DIAGNOSIS	Mothers who have given birth- promote testing with group support Promote access and adherence to treatment through support groups; meds reminders and check in's
HOME VISITS	Follow up visits to homes to make sure the mother and child is not at risk of violence; abuse and have support
PSYCHOSOCIAL SUPPORT	Support groups; appropriate referrals
PARENTING/CAREGIVER SKILLS	Themed intervention to empower the capacity of mothers to care for their babies appropriately

Recommendations for service providers

- Service providers need to provide sex worker friendly services that will make sex workers want to take up services
 - Stigma free and sensitized sex worker issues
 - Fast; flexible and appropriate
 - Non-judgmental treatment for service users- asking without inferring the context
- Sex workers must be acknowledged when the provide adequate care for their children and when NOT they need support (psycho-social/ financial)
 - Help sex workers access child care grants/ feeding scheme programs/ shelters
 - Home visits and links to other sex worker mothers who share the same context referrals to sex worker organizations
 - Provide space for mothers to express themselves without judgment/stigma