



Supporting community action on HIV & AIDS and TB

Children of people who use drugs in Kenya: Hidden lives

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SRH needs of women who use drugs

SRH Project Kenya

KANCO has been delivering harm reduction services, including SRHR for women who use drugs through the Dutch government funded CAHR programme.

SRHR Objectives:

- Increasing access to SRH screening, treatment, delivery of SRHR
- Build community of practice that acknowledges and respects SRH for IDU's as a human right
- Build strong linkage between IDU networks with existing community health strategy

Operational Research Questions:

What are the specific SRH needs of females who inject drugs in Kenya?

What are the social determinants for access to sexual reproductive health among females who inject drugs in Mombasa and Kilifi?

What factors hinder access to sexual and reproductive health among women who inject drugs?



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Background

Kenyan context

- An alarmingly high prevalence of HIV among women who inject drugs (44.5%)
- A lack of nuance in programing in relation to the specific needs of women who inject drugs.
- Lack of information on experiences of women who use drugs in relation to accessing SRH services
- Lack of information on service access for children of women who use drugs (ANC, PMTCT, VCT, ART)
- A developing acceptance for harm reduction services and sensitivity to the challenges of people who use drugs



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Methodology

Qualitative study:

- In depth interviews, key informant interviews and focus groups
- Two sites in Kenya: Mombasa and Kilifi
- Purposive sampling
- Ethics Permit was obtained from NACOSTI, all county commissioners were informed of the study

Respondents:

- 52 respondents - mean age of 29
- 13 (25%) were HIV positive
- 44/52 were parents (with between 1 and 5 children)



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Key findings

- Children are not accessing essential HIV services including EID, ANC, PMTCT
- Fertility desire and planning for children is well thought out among PWID
- Poor pregnancy and delivery outcomes among women who inject drugs
- Social support is key for positive parenting outcomes among women who use drugs



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Key findings

Planning families and raising children:

I told him about family planning, and he told me... we should get one child and then thereafter if I want to plan the family, I plan the family.

I will encourage myself and I will give birth to his child, but after giving birth to his children even if it is one, then I will close the chapter I just look even if it is me personally I put norplant.



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Key findings

Women who use drugs rarely access services or go for care late into pregnancy:

I did not have money as such... people say it is free but it is not free, I had to go to the traditional birth attendant, she helped me to give birth well, cut the umbilical cord well the next day I took the baby to the clinic was tested and was found to be okay.

When we go with them (outreach workers) we are not charged we are given free services, but if we go on our own we charged or even being looked down upon.



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Findings:

Premature delivery:

I was still using drugs... I gave birth at twenty seven weeks... So that baby, by the way I went to [Hospital], it was compulsory that they be put in an incubator. They stayed in the incubator for one and a half months; they took care of him/her. Because even I had run away because of drugs, I left him/her there. Now even (silence) my mother is the one that went to take him/her. Even breastfed him/her, I never breastfed...

Early child development and immunization:

I don't think I took him (baby) to have all the immunization injections. There are those that he skipped, I don't remember. I don't even remember where the cards we use at the clinic are.



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Poor access to PMTCT and EID services

I gave birth alone and then I went to hospital the next day... I was HIV positive and that child is negative... the second one... like now every time it is chest infection... in a month the child can get sick like 3 times... I was told the baby has the virus so the baby was put on treatment and later died. But the first child I have never tested the child for the virus at all.

I knew I had the virus when I was taking my child to get medicine and was admitted... if you go to Makadara you have to be tested and I was tested positive, the child was put on treatment but died later but I don't know if the child has the virus because when I gave birth to my child I didn't test the baby for HIV, when I was pregnant I did go to clinic and I gave birth at home and until now I have not tested my child for the virus and the child is growing now 4 years old.



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Family separation:

My children are in a children's home. I wouldn't want them to be in an environment like this." In total, I have three children, but two of them are in a children's home... I am not certain where that (other) one is for now. Because that one was taken by the family of the father, and when I ask, because the father died, when I ask, I am told that the child went with the aunty to Italy. I don't understand, and I have about twenty years in which I haven't gone home, ... I haven't communicated with them.

If you are arrested and your child is big ,you know at Shimo women's prison young children usually go there, but if your child is big and is able to walk the government usually takes the child and takes to the children's home and you are taken to jail...When you get out of jail if you will follow up you will be given your baby if you don't then that is it.



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Lack of child care

I was feeling desperate. The children were crying they wanted to feed, and I myself had nothing. And as if it were not enough, you see these children? I mean to say, eh, ok. They are not at fault but I saw them as a nuisance. I would lock them up in the house and I would go for a whole day

Risks of exploitation

Children are going to be the next victims of addiction because they stay in that environment which is not a very healthy environment for them... we have 5 to 6 girls they go and buy that for their mothers... '



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Findings

Lack of family and social support: Imani's story

I underwent a lot because I didn't have anyone, a neighbor is the one who empathized with me and came to help... to clean up the blood and feeding me, I didn't know myself by convenience, turn me, cleaning me and at the same time she goes to look at the baby so that I can breastfeed and turn her back.



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What can we do to bring children of PUD into our programmes and services?

Recommendations:

Further research –More information is needed on children of people who use drugs and the services they miss out on-especially PMTCT, EID,ANC and ECD predisposing them to health complications

Programming

- Support women who use drugs to access ANC and PNC services
- Children of women using drugs need PMTCT and EID services
- Build Positive Parenting Skills with parents using drugs
- Psychosocial support services for children using drugs
- Providing support for child care
- Develop capacity of service providers to support women who use drugs with more respect and with tailored services.



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Thank you

Thank you to;

The respondents in the study

Muslim Education and Welfare trust (MEWA)

Reachout Centre Trust (Mombasa)

KANCO

The Alliance for Public Health

Community Action on Harm Reduction (CAHR)



MEWA

