



Psychosocial Support Programs for HIV-Positive Women who are Pregnant



Question

What research has been conducted that evaluates the impact of psychosocial support for HIV positive women who are pregnant, either in the form of individual counseling or support groups?

Key Take-Home Messages

- Pregnant women with HIV have distinct psychosocial needs that must be addressed
- Very little research has investigated the most effective means of delivering psychosocial support to pregnant women with HIV
- Preliminary results from low- and middle-income countries have shown that providing psychosocial support, either individually or in groups, when delivered by competent and knowledgeable providers improves self-efficacy, self-esteem and self-care and improves health outcomes for mother and child
- The majority of research related to counseling for pregnant women with HIV has focused either on testing or on infant nutrition – the goal of both is to prevent mother-to-child transmission of HIV.

The Issue and Why It's Important

Carvalho (2010), noted that the needs of women with HIV are distinct from those of men.(1) The social impacts of HIV infection coupled with different roles in reproduction and family life mean that services need to be tailored to communities of women. As more and more women seek to expand their families and identify safe options for pregnancy, it is important that researchers and service providers understand the psychosocial needs of these woman and how best to intervene.

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy.

In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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A study conducted in Zimbabwe with young pregnant women with HIV found high rates of depression and other common mental disorders.(2) Approximately 17% of the Zimbabwean sample met the criteria for one or more mental health disorders and were referred to receive medication and/or psychosocial counseling. The outcomes of the interventions, however, were not explored, nor were the different approaches (medication alone, medication and counseling, counseling alone) compared for efficacy.(2) A study in the US found rates of perinatal depression among pregnant women with HIV to be closer to 31%.(3) These studies are two examples that point to the heightened stressors for pregnant women with HIV.

The Rapid Response team was asked to review the literature regarding effective psychosocial interventions for these women in order to facilitate effective service development in Ontario.

What We Found

Despite the research repeatedly insisting that psychosocial counseling and support be available to pregnant and antenatal women with HIV, a distinct paucity in the literature has been identified regarding the necessary components of such support or evaluations of psychosocial support programs.

One exception can be seen in a qualitative investigation of the benefit of support groups available to pregnant women in some areas of Vietnam, established by the Medical Committee Netherlands Vietnam (MCNV).(4) The groups aim to help women get access to appropriate care, adhere to medication regimens, gain confidence, generate income, and enhance familial and community involvement. The most effective method to encourage participation in a group was personal contact from a peer (i.e. another pregnant woman with HIV). Qualitative analysis showed that participants in the groups felt better able to confront their HIV status, better able to access health care services for themselves and their children, and more prepared to generate income.(4)

The same study investigated support programs in Indonesia and found that follow up psychosocial support was provided by organized groups of midwives. Such support, however, was of poor quality due to lack of knowledge and HIV-associated stigma and discrimination.(4)

Preliminary results are also available from an investigation in Central Kenya that evaluated the efficacy of psychosocial support for new HIV-positive mothers in the form of intensive one-on-one counseling coupled with support groups.(5) Using health outcomes to quantify the benefits of support, the study found that mother-to-child transmission rates were greatly reduced. "Comprehensive care for HIV positive pregnant and childbearing women integrated in existing structures and including community care leads to very low infant mortality and very low HIV transmission rates."(p.S280)(5)

Counseling research related to women who are HIV positive has focused primarily on testing counseling, encouraging women to receive HIV testing, [for example: (6;7)] or nutrition counseling, assisting new mothers with infant nutrition and options other than breastfeeding.(8;8-11) Both types of counseling aim to prevent vertical transmission, or transmission of HIV from mother to child, rather than focusing on the psychosocial needs of the new mothers or mothers-to-be.

References

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One such study, conducted at three sites in India, commenting on a counseling intervention to prevent mother-to-child transmission specifically states that “the provision of psychosocial support is essential in future intervention studies and should be incorporated on an ongoing basis.” (p.199)(12) Similar recommendations were made by a team of South African researchers who discovered, while investigating prevention counseling for mother-to-child transmission, that only 6% of their sample had utilized psychosocial support groups while pregnant to address needs such as coping mechanisms.(13) This was true despite 35% (7 of 20) of the clinics included in the study providing such support groups. As with several other studies included herein, the outcomes and/or benefits of participating in such a support group were not explicated, nor were the components of successful prenatal counseling identified.(13) Also adding to the call for more rigorous intervention research regarding the psychosocial needs of HIV-positive pregnant women is a paper from Jamaica which found that pregnant and post-partum women with HIV were more likely than similar women without HIV to report feeling depressed and having difficulty concentrating.(14)

In Indonesia, prevention of mother to child transmission services are guided by a four pillar approach that explicitly includes the psychosocial needs of the pregnant woman or new mother and baby.(4) While directly stated in the policy guiding services, implementation of follow-up care and support is often lacking. (4)

As an aside, an American study investigating preventative health behaviors of women found that most women who are pregnant are not receiving information on HIV risk.(15) This paper focused on a general population of women who were pregnant, but did discuss HIV counseling as an important component of preventative healthcare counseling. As noted by the researchers, this form of healthcare counseling can have significant positive outcomes for the health of both mother and child, and it is suggested that counseling regarding HIV risk be increased across prenatal settings.(15)

Factors that May Impact Local Applicability

As noted above, this Rapid Review has identified a significant gap in the literature. Repeated calls for psychosocial support programs for pregnant women with HIV has yet to result in rigorous program evaluation or best-practices documents. Of the two studies that discuss such interventions, one was conducted in Vietnam and Indonesia and the other took place in Kenya. The transferability of such results is difficult to quantify due to different models of health care and service delivery in these countries and the distinct ways that stigma and discrimination manifest in different contexts.

What We Did

To identify systematic reviews and primary literature we search the Cochrane Library, the Database of Abstracts of Reviews of Effects, Medline, Embase and CINAHL using the same combination of relevant search terms (HIV AND (prenatal OR prenatal OR antenatal) AND (counseling OR counselling)). In addition, we also scanned reviews from relevant categories on Health-Evidence.ca.

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