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Two in every five women in Lesotho live with HIV, but efforts to raise awareness about the virus and provide appropriate medical treatment offer hope that its spread may be slowed



Red ribbon signs are everywhere, drawing attention to the virus. Photography by: Jenny Matthew

Mabusane Matestoeso's husband did not believe in HIV. Then three months into Mabusane's pregnancy with their fourth child, he died of Aids.

"A message had come from the care facilitator that we could get tested, but my husband wouldn't let me go. When he died I came to the clinic for antenatal treatment because I was feeling very sick and thought that there was something wrong with the pregnancy. It was then I tested HIV positive," says 26-year-old Mabusane.

Seven months pregnant, having taken antiretroviral treatment for two months, Mabusane gave birth to her HIV-negative daughter, Ithabeleng. The prevention of mother-to-child transmission of HIV in pregnancy and at the early stages of the baby's life - otherwise referred to as PMTCT - is a ray of hope for the next generation in Lesotho to be born HIV-free. In this peaceful yet poverty-stricken country, where street signs littered with red ribbons advertise how to avoid the most popular product on the market, around two in five of Lesotho's women live with HIV.

But this tale is not just about mothers and children. All around Lesotho's mountain kingdom, Mabusane's story is echoed in quiet townships and remote villages. Among the challenges faced by this mountainous region are stigma-related attitudes towards HIV, despite government-funded medicine on tap, and 180 medical facilities across the country offering PMTCT treatment, only 56% of mothers needing the treatment are getting it. According to last year's Annual Joint Review of the Ministry of Health, this means that without further intervention, 5,400 babies will unnecessarily contract HIV before birth each year.

"Taking the treatment was easy", explains Mabusane. "It was easy to remember to take the tablets and I didn't feel any side effects. I encourage neighbours and family to get tested but some of the community members do not believe me because they say that I am not sick. Some laugh at me because they see HIV as sleeping around.

"Women hide themselves," she adds. "They know about HIV but they are afraid to come to the clinic and get tested. I doubt they know that HIV can be passed on to a child."

Since 2003, the government - in collaboration with a number of partners such as Médecins Sans Frontières (MSF), Unicef, and the British Red Cross, to name a few - has made prevention a key public policy, with an emphasis both on treatment and counselling. It launched a Know Your Status campaign two years later and is making new efforts to give HIV a name in communities. The hope is that soon the word will spread faster than the virus.

One Red Cross initiative is to supply home-based care to mothers and their families. Ready with home-based care kits - a package made up of paracetamol, vitamin tablets, bleach, gloves, cotton wool and a thermometer - and the message of how to live positively with HIV, volunteers in the Kena district, known as care facilitators, go door-to-door covering several kilometres a day on foot. Trained in basic counselling and medical care, they are able to guide widowed mothers or those lacking support from their families through PMTCT treatment.

Mathabo Marite is a care facilitator and part of the PMTCT support group. A widowed mother of six, 46-year-old Mathabo has never had treatment herself, as her husband refused testing for the family. Due to the distance and condition of the roads, her nearest hospital was inaccessible for her when she was in labour. Neither during her pregnancy nor giving birth did she see a doctor. In 2006 she and her youngest child, a three-year-old son, tested HIV positive.

"I know now that the PMTCT treatment would have saved my child from HIV. But I felt fine in my pregnancy and when it came to labour, I had to stay at home. There were no nurses in the clinic and so I went to the traditional healer in our village."

Old habits die hard

The back-door entrance to traditional healers is considered somewhat controversial by some. Yet in villages, people remain reluctant to use public treatment and prefer using traditional forms of medical care. Although traditional healers are not cheap, they are discreet and many have long-standing connections with families. Despite their wide and popular use, the government has not decided on whether to include them in the PMTCT effort. Considered "very dangerous", they do not test for HIV and they do not warn mothers of its effect on their child, explains the minister of health, Seipati Motsei.

"At 28 weeks of pregnancy, mothers need to take the antiretroviral treatment; in labour they need to take nevirapine tablets, and for six months after giving birth they need to stick to either solely breast feeding or bottle feeding to ensure the virus is not transmitted to the baby," says the minister. Either one of these options lessens the risk of HIV transmission, but mixing them, or starting solid food before that time, increases it.

"How can a mother know to do this if she goes to a traditional healer?" she says. "She needs to be tested first!"

One government approach to combat stigma and encourage people to use the available facilities is to involve mother-in-laws and husbands through support groups. "We find that wives are still worried about being rejected once tested and so will not go publicly to get treatment," Mabusane says. "We hope that with the help of our partnered organisations, we will finally touch and mobilise communities."

Mathabo certainly has been mobilised. Along with the 50 other members in her PMTCT support group, she offers her opinion on the back of a T-shirt. "The partner should decide with the female to plan their family. Men should support in PMTCT," reads the bold message, fashioned by a group of women in red outside the Red Cross clinic in Kena.

For Mathabo her biggest concern is her nearest. "I cannot feel totally free because my two eldest daughters are not going to get tested," she says in a lowered tone. "It makes me so worried because I know where they come from. I have tried to educate them and they know because they have seen me sick. They are just too scared."

Through the training she received via the Know Your Status campaign, Mathabo continues to test other people in her village, walking the hour-long trek to her clients. Only the home-based care officer, she adds proudly, rides a quad bike to check on the mothers in far away villages.

"It is magical feeling for a mother to know that she can give birth to a negative child and be able to protect herself," she says. "So why should she not know? I know that HIV is not curable but it can be contained."

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